



EXPRESSION OF INTEREST (AF-06)

Please complete the sections below and return the completed Expression of Interest form to CSHBC.

APPLICANT INFORMATION (REGISTRANT)

Registrant Name:	Profession(s):	Registrant ID#:
Email:		Phone:

[OR]

APPLICANT INFORMATION (PUBLIC)

Name:	
Email:	Phone:

1. I am interested in participating on the following standing COMMITTEES (circle YES to indicate):

Certified Practice Advisory Committee (CPAC)	YES
Communication Health Assistant Liaison Committee (SPLC)	YES
Discipline Committee (DC)	YES
Finance & Audit Committee (FAC)	YES
Examination Advisory Committee	YES
Governance Advisory Committee (GAC)	YES
Inquiry Committee (IC)	YES
Quality Assurance & Professional Practice (QAPP) Committee	YES
Registration Committee (RC)	YES



NOTE: participation on the CSHBC Board of Directors follow processes -- elections (for professional members) and appointments (for public members) – that are independent of this expression of interest process. All applications for committee appointments are subject to the approval of the Governance Advisory Committee (GAC).

2. I am interested in participating on a select WORKING GROUP (circle YES to indicate):

Clinical Working Group (please identify areas of interest below):

YES

NOTE: Typically, clinical working groups are short term, project-based, and focused on a specific a clinical area (e.g. clinical practice guidelines, protocols etc.)

a.

b.

c.

3. I am interested in becoming a QAPP Practice Review ASSESSOR (circle YES to indicate):

NOTE: Additional follow-up with CSHBC staff is required. Successful candidates receive QAPP Practice Review program training. Practice reviews may require travel.

YES

4. I am interested in becoming a QAPP PRACTICE REVIEW SUPERVISOR or Inquiry Committee SUPERVISOR (circle YES to indicate):

NOTE: Additional follow-up with CSHBC staff is required. For Inquiry Committee matters, successful candidates receive direction and instructions from College legal counsel. Mentorships may require travel.

YES

PREVIOUS COLLEGE EXPERIENCE

I have been a member of the CSHBC Board of Directors

YES

I have been a member of a CSHBC committee or working group

YES

I have been a QAPP Practice Review Assessor

YES



I have been a CSHBC supervisor

YES

Please specify below any other previous CSHBC experience:

5. Professional memberships / affiliations / organizations

Please specify below any other professional activities, unrelated to CSHBC, that you are involved in:

6. Additional Information (circle YES to indicate):

Are there any relationships or interests that could place you in a conflict of interest or be perceived to compromise your participation in CSHBC activities?

YES

If yes, please specify:

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Other Comments:

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7. Please indicate why you are interested in the role(s) / position(s) you are applying for:



8. Please indicate what specific knowledge, skills, & experience you would bring to the role(s) / position(s):

DECLARATION & CONSENT

I, the undersigned, understand that this information may be used by CSHBC for selection of committee members and other college-related roles. I also understand and consent to having my name published on the CSHBC website should I be appointed to a committee. If I am appointed to a committee or college role, I also understand that there are requirements for maintaining the confidentiality of CSHBC information which I must sign and abide by.

<i>Applicant Signature</i>	<i>Date</i>

Thank you for your interest in serving the College of Speech and Hearing Health Professionals of British Columbia