



2018/2019

Committee Volunteer Interest Form

Submit this form and all required attachments to Britney Heald via email, bheald@aasm.org, or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering for a committee.

Contact Information:

Name: Address:
Member Number: City, State:
Email: Zip Code:

Primary Specialty:

- Checkboxes for Pulmonary Medicine, Neurology, Psychiatry, ENT, Nursing, Pediatrics, Internal Medicine, Behavioral, Research, Anesthesiology, Family Practice, Other.

Are you a Diplomate of the ABSM? Are you certified in sleep medicine by a member board of the American Board of Medical Specialties?

Yes No Yes No

Interest:

NEW- Diversity & Inclusion Task Force

Have you previously served on an AASM committee?

Yes No

If yes, which one(s)?

When?

Please provide a brief overview of leadership activities that are applicable to the committee for which you are most interest in volunteering (300-word maximum).

Required Attachments:

CV Summary (2-page max) Conflict of Interest Disclosure Form Copyright Assignment Form