

## ACEP State Chapter Liaison Application

Name (First, Last)

SEMPA Membership Number

Address (#, Street, Apt # [if applicable], City, State, Zip)

E-mail

Phone Number (Cell)

Phone Number (Home)

NCCPA Certificate Number

Certificate of Added Qualifications (CAQ) in Emergency Medicine

- Yes  
 No

I have read and understand the ACEP State Chapter Liaison Job Description

- Yes  
 No

I have read, understand, and signed and agree to uphold the SEMPA Ethics Policy, the SEMPA Leadership Agreement, and the SEMPA Confidentiality Agreement

- Yes  
 No

I have attached the following documentation to my application

- Current CV  
 A letter of recommendation from the physician in your emergency department that serves in a leadership role  
 Maximum of one page statement explaining why you are interested in this position

***The SEMPA Board of Directors would like to sincerely thank you for your interest in a ACEP Chapter Liaison position. This is a very valuable position to both are profession, our stakeholders, and our society.***

*Please submit the above completed form with appropriate attachments either by e-mail (sempa@sempa.org) or fax 972-580-2816 by applicable deadline.*