

SEMPA Committee Application

Name

SEMPA Membership Number

Address

E-mail

Phone Number (Cell)

Phone Number (Home)

NCCPA Certificate Number

Certificate of Added Qualifications (CAQ) in
Emergency Medicine

Yes No

What Committee are you applying for?

Have you served on a SEMPA committee before?

Yes No If yes, then what committee and what year

Do you currently serve on any other committees on any other organizations? If so, what committee and for what organization?

I have read, understand, and signed and agree to uphold the [SEMPA Leadership Agreement](#) and the [Leadership Conflict of Interest Policy and Disclosure Form](#).

Yes No

I have attached the following documentation to my application

Current CV

Maximum of one page statement explaining why you are interested in the committees you chose and what you will bring to those committees

Signed SEMPA Leadership Agreement and Leadership Conflict of Interest Policy and Disclosure Form

Letters of support (not necessary but are welcome)

The SEMPA Board of Directors sincerely thanks you for your interest in being a committee member. Committees are very valuable to the work of SEMPA to serve its members in the most positive way. Thank you for volunteering.

Please submit the above completed form with appropriate attachments email to SEMPA Executive Director Michelle Parker at mparker@sempa.org by applicable deadline. If you have any questions, please call her at 469.499.0128.