

Committee Volunteer Application Form

Last name: _____ First Name: _____ MI _____

Current place of employment: _____

Current ABTC Certification(if applicable): _____

Address at which you prefer to receive mail:

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PRACTICE AREAS (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Consent/Management |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Organ Allocation |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Hospital Development |
| <input type="checkbox"/> Pancreas/Islet Cell | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Tissue | |

PREVIOUS VOLUNTEER EXPERIENCE Check all that apply and write in year(s) served

- ABTC Item writer: _____
- NATCO/ITNS/ISOP Board Member: _____
- NATCO/ITNS Committee: _____
- Other (please provide committee name & years of service): _____
- _____

Please list your strengths here (e.g. writing/communications, finance, research, question writing, leadership, etc.):

For which committees would you like to apply to serve? (check all that apply)

- CPTC Examination Committee
- CCTC Examination Committee
- CCTN Examination Committee
- CTP Examination Committee (Must also hold the CPTC certification)
- Continuing Certification Committee
- Item Writing - please indicate for which exam: CCTC, CPTC, CCTN or CTP

Please attach your CV with this application and submit to the ABTC Executive Office.