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##### Expression of Interest

##### for

##### Appointment to a COTBC Committee

##### 

**NAME:** **DATE:**

**Preferred Contact Information** (email; home address; work address)

Email:

Address:

Telephone:

**Occupational Therapy Background & Experience** (Last Five Years or so)

**Board, Committee or Task Group Experience** [Past and Current)

**Other Relevant Experience**

#### **Areas of Interest & committee(s) of interest**

**Signature**