

COLLEGE OF OCCUPATIONAL THERAPISTS OF BRITISH COLUMBIA

EXPRESSION OF INTEREST FOR APPOINTMENT TO A COMMITTEE OF COTBC



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 & Current)

OTHER RELEVANT EXPERIENCE

AREAS OF INTEREST & COMMITTEE(S) OF INTEREST

Signature