



# American Board of Surgical Assistants

## Committee Member Application

### Open Positions

Select **ALL** that you would be interested in Volunteering for:

- |  |  |
|--|--|
| <input type="checkbox"/> Nominating Committee Member       | <input type="checkbox"/> Disciplinary Committee member       |
| <input type="checkbox"/> Job/Practice Committee Member     | <input type="checkbox"/> Standard Setting Committee Member   |
| <input type="checkbox"/> Item/Exam Review Committee Member | <input type="checkbox"/> Item Writing Committee Member (SME) |

Are you interested in serving on more than one committee?  Yes  No

### Applicant Information

ABSA Certification Number \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Number of Years Employed in Surgery: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## Disclaimer and Signature

*If this application leads to selection, I understand I am making a commitment to serve on the board or on a committee for the American Board of Surgical Assistants as a volunteer. ABSA Board Members and Committee Members are not monetarily compensated for their services.*

*I will:*

- *Read and comply with the ABSA Bylaws and Policy Manual.*
- *I will communicate and respond accordingly with other members and the ABSA.*
- *I will attend regular scheduled zoom meetings or conference calls (once every quarter, unless a special scheduled meeting is necessary).*
- *I will sign and follow all confidentiality agreements. If I fail to do so I will be removed from the board or committee.*
- *I will keep all confidential materials sent to me in a secure and private location.*
- *I will sign a conflict-of-interest statement stating I will not engage in actions that may constitute an actual, apparent, or potential conflict-of interest with the mission and activities of the ABSA.*
- *If I cannot fulfill my requirements, I will notify the ABSA of my resignation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Documents

Completed Application

Biography

Current resume/CV