



## PEAC MEMBER APPLICATION FORM

**Name of Applicant:** \_\_\_\_\_

Contact Information:

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I, the undersigned, hereby consent to serve as a Member of PEAC and, if appointed, agree to support the Vision, Mission and Values of PEAC. I understand that while I may be appointed by a stakeholder group, my role is to provide the perspective of that stakeholder group to the committee, not to serve as the stakeholder group's representative.**

**Signature of Applicant:** \_\_\_\_\_

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

*The following section is not necessary for Faculty, Recent Graduate, Public or AAAC Members:*

**Nominated by:**

Name: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature of Nominator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send completed form with curriculum vitae and statement summarizing interest in the position to:

Chair, Governance Committee  
 c/o Physiotherapy Education Accreditation Canada  
 Suite 26, 509 Commissioners Road W., London, ON N6J 1Y5  
 Fax: 778-724-0669      kathy.davidson@peac-aepec.ca

Form Number: FORM-03	
Date of last revision	Associated documents
Jan 2012	GOV-01 Appointment of Corporation Members
June 2013	
	GUIDE-01 Eligibility for appointment as PEAC Member