



**PEAC MEMBER APPLICATION FORM**

Name of Applicant \_\_\_\_\_

Credentials/position title \_\_\_\_\_  
\_\_\_\_\_

*Employment contact information*

Employer/work address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work email \_\_\_\_\_

Work phone \_\_\_\_\_  
\_\_\_\_\_

*Home contact information*

Home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home email \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_  
\_\_\_\_\_

*Please indicate preferred title/address/email to share with other PEAC members and for use by PEAC staff*

Employment

Home

Languages (written and spoken)

**English:** Written  Spoken  **French:** Written  Spoken

I am applying as the following PEAC member (see *GUIDE-01 Eligibility for appointment as Member of PEAC*) as

CPA member  CCPUP member  CAPR member   
Entry level graduate member  Faculty member  NACEP member   
Public member  AAAC member  Additional member

**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 and abide by the Code of Conduct. I understand that while I may be nominated by a stakeholder group, my role at PEAC is to provide the perspective of that stakeholder group to the committee, not to serve as the stakeholder group's representative.**

Signature	Date
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*Nominated by (not required for entry-level graduate, public, or AAAC applicants)*

Organization Name

Contact Name

Credentials/position title

Phone

email

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

Chair, Governance Committee  
Physiotherapy Education Accreditation Canada  
c/o Kathy Davidson, Executive Director  
[kathy.davidson@peac-aepec.ca](mailto:kathy.davidson@peac-aepec.ca)

<b>Form Number: FORM-03</b>	
Date of last revision	Associated documents
<i>Dec 2010</i>	GOV-01 Appointment of Corporation Members
<i>May 2012</i>	
<i>June 2013</i>	GUIDE-01 Eligibility to become a PEAC Member
<i>June 2016</i>	
<i>July 2017</i>	
<i>Sept 2018</i>	