# EXPRESSION OF INTEREST

# COMMITTEE

Which committee are you interested in applying for?

Finance and Audit Committee

Registration Committee

Inquiry Committee

Discipline Committee

Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Diagnostic Accreditation Program Committee

Patient Relations, Professional Standards and Ethics Committee

Physician Practice Enhancement Panel

Prescription Review Panel

### Membership

○ Registrant of the College (BC physician/surgeon)

O Member of the public

PERSONAL IN	NFORMATION			
Title:	First name:	Middle name:	Last name:	
Professional designations:		Date of birth:	Gender:	
Address:				
City:		Province/state:	Postal/zip code:	
Email:		Phone:		

#### **EXPRESSION OF INTEREST**

The College is committed to diversity, equity and inclusion and encourages women, visible minorities, Indigenous Peoples, persons with disabilities, persons of diverse sexual orientation, gender identity or expression (2SLGBTQ+), and others to apply.

Please provide a brief (300 word maximum) statement explaining why you are interested in running for a position on a College committee and what you will contribute if you are appointed. You may also wish to refer to the College's <u>Committee Composition Matric</u> describe how your values, perspectives, knowledge, skills, and experience align with those expected of committee members.

## REFERENCES

Name:	Title/position:	
Organization:		
Phone:	Email:	
Name:	Title/position:	
Organization:		
Phone:	Email:	

#### PUBLIC INFORMATION

The College of Physicians and Surgeons of BC complies will be the sum of the Protection Agent the Freedom of Information and Protection of Privacy Act

If appointed to a committee, your name will appear in the committee listing on the College website and publications such as the Annual Report. No other personal information collected on this form or provided as part of this application process will be made public.