

EDX Sig Advisor Program

<u>Advisor's Goal</u>: To create a nurturing relationship with your advisee to encourage development of his/her full potential within the field of clinical electrophysiology. This could be accomplished by developing a vision, establishing personal goals, and providing information and guidance for your advisee's career path.

Name:
Address (Please include City and State):
Email:
Phone number:
Are you a member of other APTA sections, chapters, special interest groups, or other professional organizations? If so, which ones?
What year did you receive your ECS certification?
What time zone do you reside in?
What is your typical availability? \square AM (7-11) \square Afternoons (12-5) \square PM (6-9) \square Weekdays \square Weekends
What is your preferred method of communication? \square Face-to-Face \square Phone \square Email \square Skype \square Other
Please attach current CV for the EDX Council to review for consideration for the Advisor Program.
Please send the completed form to Nichole Walleen. Executive Director, at info@acewm.org . Thank you!