

Academy of Clinical Electrophysiology & Wound Management

Position Statement



Thank you for your interest in volunteering. Please fill out this form. Email Christie Krueger, Executive Director at ckrueger@orthopt.org your completed form, CV and bio. The information contained in this form will be provided to the ACEWM Board of Directors for use of appointments or the election process. Your answers may also be shared with ACEWM membership.

Date:

Candidate Name:

Nomination Position:

I am eligible to serve

I consent to serve

Address:

Email:

Telephone:

Degrees Earned & Certifications:

EXPERIENCE

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience and expertise could be utilized in the nomination position to further the objectives of the Academy:

Describe your perceptions regarding the direction the Academy should take in the future and how your goals for the nominated position will affect or impact the Academy:

For any further questions or assistance, please email Christie, Executive Director at ckrueger@orthopt.org. Thank you!