



Willingness to Serve

Name _____

Mailing Address _____

City, St. Zip _____

Work Phone _____ Home Phone _____

Fax # _____ Email _____

Best time to contact you by phone _____ Level of Education _____

Past regional and/or national involvement _____

Areas of expertise _____

Check the ABCGN activities that would be of interest to you. (ABCGN involvement requires certification.)

_____ Board of Directors (elected position)

_____ Item Review Committee (appointed position)

_____ Item Writers Panel (appointed position)

_____ ABCGN GI Audit Committee (appointed position)

_____ ABCGN Recertification Audit Committee (appointed position)

Please return this form via email to info@abcdn.org or fax to 312-673-6723.

