



CE Advisory Committee Application

REQUIREMENTS:

CE Advisory Committee Applicants must:

- NOT be owners or employees of an [ACCME defined ineligible company](#) (paid or other compensation).
- Be a current member in good standing with the American Society for Laser Medicine and Surgery (ASLMS).
- Have a minimum of 3-years' experience related to managing, directing and/or serving as faculty for continuing medical education (CME) programming for the ASLMS, or another accredited provider or a combination thereof.
- Have firm understanding of both clinical and scientific perspectives supportive of multispecialty, multidisciplinary goals of the Society.
- Be willing to serve on the CE Advisory Committee for a 3-year term.

APPLICANT INFORMATION:

First Name (Given) _____ Full Middle Name _____

Last Name (Family) _____ Title/Degree (i.e. MD, PhD) _____

Specialty/Certification _____

Residence Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Business Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone Business Home _____ Cell _____ Fax _____

Personal Email (Required) _____ Business Email _____

Administrative Email _____ Website URL _____

Did someone refer you to apply for this position? If so, please list the name of the individual: _____

CURRICULUM VITAE / RESUME

- Attach your full CV / Resume with this application.
- Use the form below to list your experience (minimum 3-years') related to managing, directing and/or serving as faculty for educational programming for ASLMS, or another accredited provider or a combination thereof. *(if more room is needed, attach list with your CV / Resume.)*

Role (Director, Faculty, etc.)	Institution (ASLMS or other)	Title of Session or Program	Date	CME Accredited? (Yes/No)

STATEMENT OF INTEREST

Provide a brief statement explaining the reason(s) for your interest in and the contribution(s) you intend to share if selected to serve as an ASLMS CE Advisory Committee member:

DISCRIMINATION POLICY / SIGNATURE

I recognize that serving as a CE Advisory Committee member and as a member of the American Society for Laser Medicine and Surgery, is a privilege, not a right, and is subject to and governed by the Society's Articles of Incorporation, Bylaws, Administrative Regulations, Code of Ethics, and other rules that the Society may adopt. If selected to serve as a member of the CE Advisory Committee, I agree to abide by its rules.

I understand that by providing my mailing address, email address, and phone number, I consent to receive communications sent by or on behalf of the ALSMS via mail, email, and phone.

Sign Full Name _____ Date _____

SUBMIT YOUR APPLICATION

- REQUIRED** - Go to: <https://my.aslms.org/s/login> to submit or update your disclosures. Be sure to review all parts of the disclosure form carefully. Then, sign, date and select "submit". Alternatively, you may request a paper disclosure form by emailing abstracts@aslms.org
- REQUIRED** - Send your **completed application form** with **attached Curriculum Vitae / Resume** to ASLMS using one of the methods below:
 - » Mail your application to ASLMS, 100 N 72nd Ave, Wausau, WI 54401
 - » -OR- Email your application to amy@aslms.org

For questions, call our office at: (715) 845-9283 or Toll Free (877) 258-6028 -OR- email the Education Program Manager: amy@aslms.org