**Oncology Specialty Council Application for Appointment January 1, 2020**

**Name: \_**

**Credentials: \_\_**

**Are you a Board Certified Oncology Clinical Specialist?** YesNo

**Have you served as a Specialty Council member for any other ABPTS clinical specialty**?

Yes  No

If yes, which Council and in what role? **\_\_\_**

**For which position are you applying?**

Council Member-At-Large: 4 year appointment: year 1 as pre-item review coordinator, year 2-4 as Item Review Coordinator

Council Member – Maintenance of Certification Liaison: 3 year appointment

I am interested in being considered for both positions.

**Have you ever served as an item writer for a standardized test?** Yes  No

If yes, please select all that apply:

I have been an item writer for the Oncology Specialty Exam

I have been an item writer for another Specialty Council

I have been an item writer for the Federation of State Boards

**Are you a member of the Academy of Oncologic Physical Therapy?** YesNo

If yes, please list any committee work or service to the Academy:

**Please write a short statement about why you wish to serve in the specific role you have selected**:

Please complete this form and return it, with a current copy of your CV, to

Nicole L. Stout DPT, CLT-LANA, FAPTA

[Nlstout90@gmail.com](mailto:Nlstout90@gmail.com)

Please note “Specialty Council Application” in the Subject line of your email.

You will receive a confirmation email when this form and your CV are received.

**ALL forms must be received by August 15, 2019 to be considered**.