**Certification Panel Member Expression of Interest (EOI)**

**Application Form**

ACPSEM’s Selection Process

# Applications open on 21st October 2021 and close 18th November 2021.

# Phone / Skype interviews take place during November/December 2021.

1. Reference / recommendation from another ACPSEM Member.
2. Qualifications validation.

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact email:** |  |
| **Contact number:** |  |

Please identify the role category of the relevant Certification Panel where your skill set, experience and membership background most align to (you can tick more than one role category).

|  |  |  |
| --- | --- | --- |
| Diagnostic Imaging Certification Panel | | |
| **Role Category** | Selection Method and Criteria | I Believe my Background to be in |
| 3 Examiners | All nominees included on the ballot for election by all examiners or (if a ballot is not required) appointment are subjected to referee checks and the Nominations Committee recommendation to the PSB |  |
| 1 Early career member  (less than 5 years since registration) | Shortlisted by the Nominations Committee  Elected by all members in this category. |  |

Please address the **ESSENTIAL** selection criteria outlined in the draft Position Description.

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| Mandatory (Maximum 500 words) |

Please describe your understanding of the role of the PSB and Certification Panels in the maintenance of professional standards by the ACPSEM.

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| Mandatory (maximum 200 words) |

Please describe why you are interested in volunteering as a Certification Panel member.

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| Mandatory (Maximum 200 words) |

**IF APPLICABLE**, please address the **DESIRABLE** selection criteria outlined in the draft Position Description.

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| (Maximum 200 words) |

**Member Reference**

Please identify an ACPSEM member who can best validate your claims against the criteria and be a character reference:

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact email:** |  |
| **Contact number:** |  |

**Please attach your curriculum vitae.**