

Consultant Application

Consultant Criteria: The following criteria must be met to be an FDM Consultant. Select boxes before proceeding to Section 1.

- | | |
|---|---|
| <input type="checkbox"/> SCCM member (U.S. & International) | <input type="checkbox"/> Willing to offer mentorship and guidance to first time Course Directors and Coordinators |
| <input type="checkbox"/> Teach/Direct at least two approved FDM courses in the two previous years | <input type="checkbox"/> Recommendation letter from a current FDM Consultant |



CONSULTANT CRITERIA SECTION MUST BE COMPLETED BEFORE PROCEEDING TO SECTION 1.

Type Information (English Only) (* denotes required field). *Print completed form prior to submission as data will not be saved.*

Section 1. Contact Information

*Last Name: *First Name: Middle Initial:

*Credential(s): SCCM Member No.:

*Contact Info: Institution:

*Street Address: *City:

State/Province: Zip Code: *Country:

*Telephone: Fax: *Email:

Section 2. Course Information

*FDM courses you directed:

*Date: *Course Site:

*Date: *Course Site:

Section 3. Consultant Information

*Would you consult for out-of-state or international FDM courses? Yes No

*Please describe why you would like to serve as an FDM Consultant: (text limited to visible area of box)

*Letter of recommendation requested:

(Name of active FDM Consultant)

*Applicant Signature

I certify that the above information is true and accurate. Typing name in the signature space provided shall serve as lawful signature as if signed by hand in person.

ALLOW 2-4 WEEKS FOR PROCESSING APPLICATION