



New Committee Member Request

Committee Name: _____

Virtual Meeting Frequency: _____

Committee Member Responsibilities:

Current Number of Committee Members: _____

Number of New Members Needed: _____

New Committee member profile requirements:

Modality of Interest: _____

Desired Experience Level: _____

Additional Experience (for example: marketing, education, research, etc.):

Other Relevant Qualifications: _____

Committee Chair: _____

Chair Email: _____

Modalities of Interest

Acute/Critical Care NDT (i.e., \geq CLTM): 2

Autonomic Testing (i.e., CAP): 3

Epilepsy Monitoring (i.e., \geq CLTM): 2

NCS (i.e., R.NCS.T and/or CNCT): 2

Department Managers (is a current manager or administrator, holds at least one credential): 1

ND Education (current Program Director, Clinical Coordinator, or ND Educator & holds at least 1 credential): 2

Ambulatory Monitoring: (i.e., \geq CLTM): 2

Clinical EEG (i.e., \geq R. EEG T.): 2

MEG (i.e., \geq CMEG): 4

Pediatrics & Neonatology (i.e., \geq R. EEG T.): 2

Thank you for your continued dedication to ASET and the professional development of tomorrow's ASET leaders.

Please contact the Chair above by email if you are interested in becoming a member of this group.