

## **SPUC Committee Application**

Name:		Credentials:	
Academic Title:			
Hospital/Institution:			
City:		State:	
Phone:	Email:		
Check the committee(s) in which	you are interested:		
Communications Committee:	Social Media	Newsletter	
Education Committee:	Annual Conference Planning	Weekly Webinars	
Fellowship Committee	Membership Committee		
Nursing Committee	Quality Improvement/Research Committee		
Please outline in a few sentences	s what sparks your interest in the commi	ttee(s) you have chosen.	

**Society for Pediatric Urgent Care**