

**National Certification Board for Anticoagulation Providers**  
**INDICATION OF INTEREST**

Name:

Degree:

Position:

Email:

Phone:

**REQUIREMENT: All Board members must be CACP certified;  
the only exception is MD or DO positions.**

1. What motivates you to serve on the National Certification Board for Anticoagulation Providers?
2. Please summarize your past and current experience in the field of antithrombotic therapy, including your experiences in the inpatient and/or outpatient settings.
3. Describe your strengths and areas of expertise that will you bring to the Board of Directors.
4. Do you have experience serving on boards of other professional organizations? If yes, please describe.
5. Have you been a speaker at any national meetings or published any journal articles? If yes, please describe.
6. On average, how many hours per quarter could you dedicate to Board activities?
7. Please include any other information about your background and experience that we should consider when reviewing your nomination to the Board of Directors.

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Thank you for your interest in serving on the National Certification Board for Anticoagulation Providers. Please submit your completed Indication of Interest form by February 1, 2014 to Marie Bussey at [info@ncbap.org](mailto:info@ncbap.org) or by fax to 866-963-2588.