

Expression of Interest in:

## Fatigue Risk Management Committee

Name	
Role in PGME <i>(i.e Program Director, RPC faculty, Fellow, Resident)</i>	
Program and Campus	
E-mail	

1. Please describe your interest/experience/knowledge in the promotion of wellness and FRM.

2. Please indicate why you are interested in becoming a member of the FRM committee.

3. Please feel free to add other information related to your application that you wish to share with the committee.