Faculty of Health Sciences MDCL 3101A 1280 Main Street West Hamilton, Ontario Canada L8S 4K1

Phone 905.525.9140 Ext. 22116 or 22118 Fax 905.527.2707 Email postgd@mcmaster.ca

Expression of Interest in:

Fatigue Risk Management Committee

Name	
Role in PGME (i.e Program Director, RPC faculty, Fellow, Resident)	
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.	
 Please feel free to add other information related to your application that you wish to share with the committee. 	