CMPC APPLICATION REVIEW COMMITTEE MEMBERSHIP FORM

Date:

Name:

Email:

Organization:

Position:

Practice Area(s) within Sport Psychology:

Years of experience in practice area:

Graduate Degree(s) (Degree, granting institution, discipline, year):

Gender Identity:

Racial/Ethnic Identity:

On the next page, please describe your expertise and experience in teaching or program management/advising. Include any information about your knowledge of how courses are taught and used in our field that might be helpful to the ARC.