



Clinician Task Force Membership Agreement 2019

Our Mission

To provide clinical based expertise to inform and promote public policy, best practices, and positive outcomes regarding people with disabilities who require seating, positioning, and mobility products and related services. (revised 2018)

Terms

To provide this annual membership agreement:

1. I understand and commit to the mission, values and purpose of the CTF.
2. I agree to adhere to all legal standards and ethical norms.
3. I commit to represent the perspective of a practicing clinician, participate in problem solving and decision making through a consensus group process, and abide by professional standards of practice and code of ethics.
4. I commit to regular attendance of meetings, including reviewing documents and minutes. If unable to attend a scheduled meeting I will provide advance notification for an excused absence.
5. If I choose, I may abstain from lending my support to a particular CTF initiative by contacting the Executive Director by email to be removed from the signature page.
6. I agree to join at least one work group related to my expertise, connections, interest, and availability and commit a minimum of 5hrs to that work group. Participation will be tracked by the work group leaders.
7. I agree to participate in education and advocacy efforts, including contact with Congressional members to share information and request support, seek support from my employment affiliations and spearhead grassroots action at my facility and in my community.
8. I agree to participate in fundraising efforts according to the CTF guidelines to sustain the mission and priorities of the CTF.
9. I commit to notifying the Executive Director in writing of changes in employment, contact information, or ability to fulfill my membership obligations.

My signature below affirms my commitment to actively participate in CTF activities. I understand that I may withdraw my membership in the CTF at any time with written notice to the Executive Board.

Name, Credentials as will appear on CTF roster (example PT, PhD, ATP/SMS)

Title _____

Affiliation/Organization _____

City, State _____ **Email Address** _____

Memberships/Board Appointments/Fellow Awards (RESNA, FON, APTA, AOTA, etc.)

Signature _____ **Date** _____