



Committee Interest Form

Members interested in participating on the FCEP Committees should fill out completely the form below. Committee membership is open to all FCEP members. Non-FCEP members are eligible to sit on committee, but do not have voting privileges.

Please select which committee or committees you would like to participate on. You may choose more than one. Each committee typically meets four (4) times per year.

- Academic Affairs Committee – makes recommendations to the Board of Directors on such topics as board certification issues, funding for residency programs and other areas of concern to emergency medicine academics.
- Emergency Department Information Technology Committee - To provide a forum for FCEP members to share and potentially distribute information about transition into electronic medical records (EMRs) and other IT applications used in the ED.
- EMS/Trauma Committee- makes recommendations to the Board of Directors on issues affecting the EMS community and works as a liaison between the EMS community and the Emergency Physician community to help identify and solve common concerns.
- Governmental Affairs Committee – makes recommendations to the Board of Directors on legislative and regulatory issues affecting emergency care and health care public policies
- Medical Economics Committee – makes recommendations to the Board of Directors on legislative and regulatory issues affecting emergency physician reimbursement as well as billing and coding issues
- Pediatric Emergency Medicine Committee - make recommendations to the Board of Directors on emergency pediatric medicine, as well as discussing topics such as the Florida Kids Care program and other emergency pediatric concerns.
- Professional Development Committee – makes recommendations to the Board of Directors on membership recruitment and retention, as well as physician wellness and lifestyle issues

PLEASE PRINT/TYPE:

Name: _____ Email (1): _____

H Address: _____ Email (2): _____

_____ H Phone: _____

C/S/Z: _____ Cell Phone: _____

Hospital: _____ Hos. Phone: _____

Hos. Address: _____

Hos. C/S/Z: _____ Beeper: _____

Bus. Name: _____ Bus. Phone: _____

Bus. Address: _____

Bus C/S/Z: _____

Preferred contact: (Home, Hospital, Business) _____

Please return to:

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