



Application for MDCB Board Position

Personal Information:

NAME: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_

YEAR MDCB CERTIFIED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Employment Information:

Please list your current employer, years employed there and current title:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list past and current obligations to other professional organizations/societies or boards related to your career. Please include any previous volunteer service related to medical dosimetry or any involvement in exam preparation materials.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach current resume, letter to the president, two letters of recommendation and paragraph indicating service goal to MDCB and forward to info@mdcb.org with the subject line "MDCB Board Nomination."***

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*Promoting Excellence in Treatment Planning Through Credentialing*

MDCB, 1120 Route 73, Suite 200, Mount Laurel, NJ 08054  
1-866-813-6322