## CPCN Membership Inquiry

| Name <sup>3</sup> | *  |   |              |  |
|-------------------|--|---|--------------|--|
| First:            |  | Last:                                     |              |  |
| Email:            |  |   |              |  |
| Phone             | :  |   | <del> </del> |  |
| Web p             | page:  |   | <del></del>  |  |
| Are yo            | ou currently credentialed by                                 | a recognized coaching organization?       |              |  |
| Yes               | No   |   |              |  |
| Please<br>apply)  | , -  | ) with which you are credentialed (select | all that     |  |
|                   | ICF – Minimum Level – Associate Certified Coach (ACC)        |   |              |  |
|                   | EMCC – Minimum Level – Foundation or Practitioner            |   |              |  |
|                   | IAC – Minimum Level – Masteries Practitioner                 |   |              |  |
|                   | NBHWC – National Board Certified Health & Wellness (NBC-HWC) |   |              |  |
|                   | Other Credentialing Body (please specify below)              |   |              |  |
|                   |  |   |              |  |
| Do yo             | u have experience coaching                                   | g physicians? Yes No                      |              |  |
|                   | areas interest you in contrected check all that apply.       | ibuting to the health of our Network?     |              |  |
|                   | Finance  | Marketing/Website/Social Media            | Membership   |  |
|                   | Strategic Planning   | Community of Learning                     | Research     |  |
|                   | Mentorship/Supervision                                       | Teaching/Presenting                       | Journal Club |  |
|                   | Other (please specify):                                      |   |              |  |