



JTG

QUALIFICATIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. COLLEGE(S) \_\_\_\_\_ DEGREE(S) \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. PLEASE SIGN, DATE, AND RETURN THIS FORM. YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU ARE WILLING TO PARTICIPATE **ACTIVELY** IN THE IMPROVEMENT OF *STANDARD METHODS*.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN BY THE CLOSING DATE TO:**

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