



**ABPANC CERTIFICATION COACH PROGRAM
AGREEMENT TO SERVE**

First Name	Last Name	CPAN/CAPA
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Street Address	City	State	Zip Code
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Home Telephone #	Work Telephone #
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E-mail address where you prefer to receive correspondence

Name of Employer

Employer Mailing Address	State	Zip Code
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Name of Unit	Position Title
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Please check the boxes below signifying your agreement with the statements as listed:

I have read and signed *ABPANC Volunteer Policies Of Potential/Actual Conflict Of Interests* to determine that I am able to serve as a Coach.

I agree to serve as an ABPANC Certification Coach and I understand the duties and responsibilities of the role as defined in the *Job Description* document.

I agree to have ABPANC share my contact information with candidates seeking a CPAN[®] and/or CAPA[®] certification Coach.

I agree to have ABPANC share my contact information with other Certification Coaches in my region.

I understand that the appointment to serve as a Certification Coach is for a one-year period – July 1 through June 30 of each year and that I must submit (1) the Agreement to Serve form by July 1 of each year; and (2) an activity log after each certification cycle.

I understand that individuals whom I have coached will receive a link to complete a survey evaluation of the coaching experience. ABPANC will share the results of the overall feedback with me.

Please complete this form and email it to Zeld Williams, ABPANC staff liaison to the Certification Coach Program at Zwilliams@cpancapa.org.

ABPANC
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www.cpancapa.org

THANK YOU FOR SERVING ABPANC!!