



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.

Please attach current CV, 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."

Promoting Excellence in Treatment Planning Through Credentialing

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