



**ABPANC CERTIFICATION COACH PROGRAM
AGREEMENT TO SERVE**

First Name **Last Name** **CPAN/CAPA**

Street Address **City** **State** **Zip code**

Home Telephone # **Work Telephone #**

E-mail address where you prefer to receive information and correspondence

Name of Employer

Street Address of Employer **State** **Zip code**

Name of Unit **Position Title**

Yes, I agree to serve as a ABPANC Certification Coach and I understand the duties and responsibilities of the role as defined in the *Fact Sheet, Coaching Strategies, Job Description and Log Form* documents.

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

Yes, I agree to have ABPANC share my contact information with other Certification Coaches in my Region.

Yes, I agree to abide by ABPANC's Statement of Fiduciary Duty and Code of Conduct and have signed and returned the required document along with this form.

Yes, 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) a log form after each coaching activity.

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

Please complete this form and e-mail it to Zelda Williams, the ABPANC staff liaison to the Certification Coach Program at Zwilliams@proexam.org.

ABPANC
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Fax 212-367-4388 www.cpancapa.org

THANK YOU FOR SERVING ABPANC!!