



Regional Community Asthma Network of the Finger Lakes
RCAN
Member Registration

Please sign the application in the appropriate places and follow the submission instructions written at the end of the form.

1. Name: _____

Occupation/Title: _____

Mailing address: _____

Phone: _____ Fax: _____ Email: _____

2. I would like to be a RCAN member representing:

Myself, as an individual

The following institution/agency/organization: _____

3. I am interested in participating on the Steering Committee only.

4. I am interested in participating on the following Standing Committee(s) (please check):

Outcomes & Evaluation: Identify and implement strategies to monitor change in asthma prevalence and incidence data.

Public Education: Develop and implement public awareness, informational campaigns and educational programs for the prevention of asthma episodes.

Professional Education: Promote the use of current evidence-based “Best Practices”.

Schools: Implement the American Lung Association’s *Open Airways for Schools* (OAS) program in elementary schools, provide asthma awareness training for school staff and promote other school-based initiatives.

Asthma Case Management: Develop and coordinate asthma care for high-risk pediatric asthma patients through a case management approach.

5. By signing below, I verify that I have read and that I understand the By-Laws of RCAN and agree to abide by the Conflict of Interest Policy statement.

(Signature)

(Date)

Please return completed application to:

Cindy Trubisky, Project Coordinator

RCAN

1595 Elmwood Ave. Rochester, NY 14620

Phone: (716) 442-4260 Fax: (716) 442-4263 Email: alact@rochester.rr.com