



**Part III: Signature and Submission Information**

**I hereby give permission to the CDDO, or its representative(s), to contact me.**

**I also pledge that, if selected as a member of the QA Committee, I will commit to attend and participate in meetings of the Committee to the best of my ability.**

**Please check the appropriate boxes below:**

**Transportation:**

*I will need transportation to conduct interviews and attend meetings.*

*I will not need transportation to conduct interviews and attend meetings.*

**Assistance:**

*I will need assistance in participating in conducting interviews.*

*I will not need assistance in participating in conducting interviews.*

**Confidentiality is of utmost importance. By signing below, you agree to maintain confidentiality at all times.**

**1. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**2. Person Assisting Applicant in Completing this Application, if Applicable**

**Name & Title/Relationship to Applicant \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

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***This completed application must be submitted to:***

***CDDO Quality Assurance Coordinator  
CDDO of Southeast Kansas  
PO Box 187  
Columbus, KS 66725***