**Name**

Click or tap here to enter text.

**Credentials**

Click or tap here to enter text.

**Education**

Click or tap here to enter text.

**Years of Experience**

Click or tap here to enter text.

**Current Place of Employment**

Click or tap here to enter text.

**Role in Respiratory Care**

Click or tap here to enter text.

**What do you enjoy most about your position?**

Click or tap here to enter text.

**What are your biggest challenges in your position?**

Click or tap here to enter text.

**Would you lease identify one strength in our profession (not job description) as a whole and why you feel it is a strength?**

Click or tap here to enter text.

**Would you identify one weakness in our profession (not job description) as a whole and why you feel it is a weakness?**

Click or tap here to enter text.

**What health care skills would you like to develop?**

Click or tap here to enter text.

**Is there anything you would like to share with our readers?**

Click or tap here to enter text.

**Could you please attach a photo?**

[ ] Yes

[ ] No