**LGMD Clinic Staff “Spotlight” Questionnaire**

**LGMD Clinic Staff:**

**Affiliation:**

**Role or Position:**

**What education and training did you have to arrive at your current position?**

**What led you to follow a career in patient services and clinical care in muscular dystrophy in particular?**

**What areas of clinic support or patient care are you most involved in?**

**How does your work help patients? What are you most passionate about and excites you most about the future of LGMD Patient Care?**

**What would you like patients and others interested in LGMD to know about NMD clinics who serve LGMD patients?**

**What inspires you to continue working in this field?**

**WHAT IS ONE uNIQUE FACT ABOUT YOU THAT MANY OTHER PEOPLE DO NOT KNOW?**

**How can patients encourage you and help your work?**

Please send your completed questionnaire, signed release form and a .jpeg photo of yourself

via e-mail to  info@lgmd-info.org A signed Release Form must also be completed and returned. Thank You!