

**Board Service** **Candidate’s Statement and Questionnaire**
**Some or all this information will be shared as part of the ballot materials.**
**Form is due on or before February 14, 2025.**

Name

Employer

Name of EDPMA member organization (if different)

Position within your organization

*Areas of responsibility within your organization (clinical care, administration, operations, billing, consultant, etc.)*

Are you currently representing an organization that is legally connected to or substantially affiliated with another Board member’s organization? (“Substantially affiliated” is defined as two organizations under the same controlling group or where one does more than 60% of its business with the other.) If yes, please provide details.

Does the ownership or Board of your employer commit to your travel and full participation for your term?
\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

Years you have been active in EDPMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Past involvement with EDPMA (Committees, Task Forces, Board Service, etc.)*

*Candidate’s Statement of Interest*

(250 word maximum)

*Brief career history:*

What would you identify as the top three issues in emergency health care?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you believe are the top three priorities for EDPMA?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest in serving on our Board of Directors.**

**Photograph:** Please send an electronic version of a photograph of you that will be included on the ballot. **The application is not considered complete until this photograph is provided, and 2025 dues have been paid**.

**NOMINATIONS ARE NOT COMPLETE UNLESS YOU SEND THE COMPLETED OFFICIAL NOMINATION FORM, YOUR CANDIDATE STATEMENT, 2025 DUES, AND PHOTO**

**TO NEIL GOTTLIEB, EDPMA EXECUTIVE DIRECTOR AT** **edpmahq@edpma.org** **ON OR BEFORE February 14, 2025.**