

**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 January 12, 2024.**

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.)*

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 the 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 2024 dues have been paid**.

**NOMINATIONS ARE NOT COMPLETE UNLESS YOU SEND THE COMPLETED OFFICIAL NOMINATION FORM, YOUR CANDIDATE STATEMENT, 2024 DUES, AND PHOTO**

**TO CATHEY WISE, EDPMA EXECUTIVE DIRECTOR AT** **cathey.wise@edpma.org** **ON OR BEFORE January 12, 2024.**