

tion Board Service Candidate's Statement and Questionnaire Some or all of this information will be shared as part of the ballot materials.

Form is due on or before February 25, 2022

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?

Years you have been active in EDPMA:

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

<u>Candidate's Statement of Interest</u> (no more than 250 words)

Brief career history:

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

1.	
2	
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. <u>The</u> **application is not considered complete until this photograph is provided, and 2022 dues have been paid**. If you have been on the EDPMA ballot in the last two years and would like to reuse this photograph, please let us know.

NOMINATIONS ARE NOT COMPLETE UNLESS YOU SEND THE COMPLETED OFFICIAL NOMINATION FORM, YOUR CANDIDATE STATEMENT, 2022 DUES, AND PHOTO TO EDPMAHQ@edpma.org ON OR BEFORE February 25, 2022.