

SEMPA 2018-2019 Board of Directors Candidate Form

A. I would like to nominate the following candidate:

Nomination:

SEMPA Position:

I understand that SEMPA will contact my nominee and suggest they submit the required documents.

B. I would like to nominate myself:

Name

(Please print exactly as you would like it to appear on the ballot.)

SEMPA

Position:

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Fax

E-mail Address

Employer

Education

(Please list all degrees, title designations and the institutions where they were obtained)

State License Number

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Are you a SEMPA member? Yes No

If yes, please provide your member number (if available)

Are you an AAPA Member? Yes No

If yes, please provide your member number (if available)

Service to Emergency Medicine (Include elected positions to Boards, committees or task force chairmanships or memberships, presentations, publications etc., with years noted)

Community Involvement (i.e. church activities, parent organizations, civic groups, etc., with years noted.)

Honors and/or Awards

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In 50 words or less, please answer the following questions.

What do you feel makes you uniquely qualified to serve in the position for which you seek election?

What do you see as the most important issues facing our profession and how would you respond to these issues as a SEMPA Board member?

By signing below, I verify that I understand the duties of the office I am seeking. If elected, I pledge that I will carry out my responsibilities with equal respect and regard for all members, regardless of religious, cultural or racial backgrounds. Further, I commit to attend the two (2) face-to-face SEMPA Board of Directors Meetings (one held in conjunction with the SEMPA Annual Emergency Medicine Conference and the second held in conjunction with the ACEP Scientific Assembly) as well as the SEMPA Board of Directors Meetings held via conference calls throughout the year.

Signature

Date