

# CALIFORNIA SOCIETY FOR RESPIRATORY CARE NOMINEE INFORMATION FORM FOR USE BY CSRC MEMBERS 2024

Professionalism • Advocacy Commitment • Excellence

PART A:	GENERAL IN	FORMATION (all 1	nominees must provi	de)
PLEASE NOTE:	The nomination forms, Part A, B and C must be returned to CSRC Nominations co-chairs, Mel Welch and Pat Tobin, <b>no later than</b> Midnight, February 19, 2024 to be considered by the Nominations and Elections Committee. Email completed form to: melwelchrt@gmail.com			
1. Position nominated	for: State Board (	2-year term):		
Vice-President	Secretary			
Region Presidents (2	2-year term):			
Greater Bay Area Regio (GBAR)	n	Northern Cal. Region (NCR)	on Cent	ral Cal. Region (CCR)
ALL OF T	HE ABOVE PO	SITIONS REQUIR	RE AARC MEMBE	RSHIP
2. Candidate (p	lease type your na	ame as you wish it t	o appear on official o	locuments):
Name	Cre	dential	email	
Address			Apt #	
City			Zip	
Home #	Wo	rk#	Cell#	
Fax #	Imi	mediate Supervisor		
3. CSRC Men	nbership Status:	(check one) Ac	tive State	
Membershi	p # Member Since (year)			
4. AARC Mei	nbership Yes	No	Membership #	

nomination. Please have your immediate supervisor indicate that support by filling the following.		
Yes, I support the nomination		
Signature		
Name (please type or print)		
Title		
I hereby certify that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.		
I hereby give consent to the Nominations and Elections Committee of the CSRC to publish, investigate, or use the information contained within for the purpose of selection of candidates or the holding of an election.		
Candidate's Signature Date		

Due to the time and energy requirements associated with CSRC elected office, the CSRC

Nominations and Elections Committee requires that your employer support your

5. Support of Employer:

**PART B:** This information relates to the education, training, skills, abilities, professional experience and work experience which have prepared the nominee to run for and hold a CSRC elected office.

## In lieu of completing PART B, you may attach a current resume/curriculum vitae.

1. List your activities (please type). Your activities may exceed the allocated spaces.

### **CSRC State Level-offices, committees**

Title	Office/Committee	Year

## **CSRC** Regional Level-offices, committees

Title	Office/Committee	Year

### **AARC** Activities

Title	Office/Committee	Year

#### **Related Activities/Honors**

Title	Office/Committee	Year

## PART C

 In 100 words or less, write your platform statement.
 Do not exceed the 100 words limit! Words, including short adjectives and prepositions will be counted. Any sentence(s) exceeding the limit will be deleted entirely from the published profile.