|  |  |
| --- | --- |
| I:\My Documents\MSRC\Pictures\JPG\MSRC Logo.jpg | **Montana Society for Respiratory Care**  **NOMINEE INFORMATION FORM** |

PART A: GENERAL INFORMATION (all nominees must provide)

PLEASE NOTE: The nomination forms, Part A, B and C must be returned to Pattie Polakow, [ppolakow@bozemanhealth.org](mailto:ppolakow@bozemanhealth.org) no later than **September, 28th**  to be considered by the Nominations and Elections Committee.

1. Position nominated for:

**President Elect:** The President-Elect shall become acting President and shall assume the duties of the President in the event of the President's absence, resignation, or disability; he/he shall perform such other duties as shall be assigned by the President or Board of Directors. Upon matriculation the President shall be the Chief Executive Officer of the Society. He/she shall preside at the annual business meeting and all meetings of the Board of Directors; prepare an agenda for the annual business meeting, appoint standing and special committees; be an ex-officio member of all committees, present an annual report to the BOD and membership, appoint PACT officers, serve as a substitute delegate if need be, oversee and delegate MSRC business and other duties as they arise. (All eligible candidates must have held a pervious MSRC board position)

**Junior Delegate HOD:** The Delegation shall advise the Officers of the Society on actions taken by the AARC House of Delegates, bring to the AARC House of Delegates motions by the Society, and perform such other duties as may be necessary or appropriate for the management of the Society. (All eligible candidates must have held a pervious MSRC board position)

**Director Elect:** The Director shall advise and consult with the President and Board of Directors. They shall perform such duties as shall be assigned by the President or the Board of Directors. The primary role of the Directors is to learn the operations and rules of the Society, to be mentored by more experienced board members and to mentor less experienced board members if applicable.

\* ALL OF THE ABOVE POSITIONS REQUIRE AARC MEMBERSHIP

Candidate (please print or type your name as you wish it to appear on official documents):

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | Credential: Click here to enter text. | Email: Click here to enter text. |
| Address: Click here to enter text. |  | Apt #: Click here to enter text. |
| City: Click here to enter text. |  | Zip: Click here to enter text. |
| Home #: Click here to enter text. | Work #: Click here to enter text. | Cell #: Click here to enter text. |
| Fax #: Click here to enter text. | Immediate Supervisor: Click here to enter text. |  |

2. AARC Membership  YES  NO

Membership #: Click here to enter text.

1. Support of Employer:

Due to the time and energy requirements associated with MSRC elected office, the MSRC Nominations and Elections Committee requires that your employer support your nomination. Please have your immediate supervisor indicate that support by filling out 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 MSRC 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

**PART B**

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**.**

**PART C:** 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 MSRC elected office.

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

**MSRC State Level-offices, committees**

Title Office/Committee Year

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**AARC Activities**

Title Office/Committee Year

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Related Activities/Honors**

Title Office/Committee Year

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |