The information contained in this form will be provided to the Maine membership for user in the election process. Please submit the completed form to Christie at ckrueger@orthopt.org. Thank you!

Date:

Candidate Name:

Nomination Position: I am eligible to serve I consent to serve

Address:

Email: Telephone:

Degrees Earned & Certifications:

***EXPERIENCE:***

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience and expertise could be utilized in the nomination position applied for to further the objectives of the Chapter:

Explain your perceptions regarding the direction the Chapter should take in the future and how your goals for the nominated position will affect this change: