#

# 2022 Board of Directors

# Nominations Form

Please use this form to nominate yourself or another NACCHO member.

**2022 Open Board Positions**

Open positions are created when Board members cycle through their term of office. Regional directors are appointed to three-year terms and may serve up to two full terms. Currently, candidates may run for any of the following interim positions:

 Region X (AK, ID, OR, WA)

**Eligibility Requirements**

* Membership on NACCHO’s Board of Directors is limited to local health officials (top ranking executive in the agency) whose health departments are members in good standing (i.e. dues-paying).
* Candidates for the Vice President position must have current or prior NACCHO Board of Directors experience.

**Nominations and Election Timeline**

Nominations are currently being sought for one (1) open regional director position through April 22, 2022. Newly elected Board members will be seated on July 1, 2022.

**Required Nomination Materials for Submission**

This form includes the following sections, all of which must be completed and submitted by April 22, 2022:

 Section 1: Nominee Information

 Section 2: Nominator Information (if applicable)

 Section 3: Board Position

 Section 4: Biography

 Section 5: Nominee Questions

 Section 6: Headshot

***The Nominations Committee of the Board of Directors is committed to ensuring the candidate pool is diverse in every sense of the word, representative of NACCHO’s membership, and can provide insights into local public health to advance NACCHO’s strategic goals.***

**Section 1: Nominee Information**

**I wish to nominate (check one):**

 \_\_ Myself \_\_\_ Another NACCHO Member

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| --- | --- |
| **Name** |  |
| **Credentials (MD, MPH, etc.)** |  |
| **Position Title** |  |
| **Local Health Department Name** |  |
| **Address** |  |
| **Email** |  |
| **Best Contact Phone Number** |  |
| **Social Media Info (Twitter, etc.)** |  |
| **Department Website Address** |  |
| **Approximate Size of Jurisdiction (please be specific)** |  |
| **Number of Years as an Active (Dues Paying) Member of NACCHO** |  |
| **Number of Years Involved in NACCHO Committees and/or Workgroups** |  |
| **Number of Years Involved on the NACCHO Board of Directors** |  |

**List dates and names of previous NACCHO committees or workgroups on which you have served. Include in the list also, any positions where you represented NACCHO to an external group on NACCHO’s behalf.**

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**List dates of service on the NACCHO Board of Directors. Include in the list also, any positions where you served on a NACCHO Board Committee and the term of service.**

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**Section 2: Nominator Information (if applicable)**

**Complete the following information only if you are nominating another NACCHO active member as a candidate:**

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| **Name of Nominator** |  |
| **Local Health Department Name** |  |
| **City, State** |  |
| **Best Contact Phone Number** |  |
| **Email Address** |  |

**Section 3: Board Position**

**The person named above wishes to run for:**

 Region X (AK, ID, OR, WA)

**Section 4: Biography**

**Use this space to provide a brief (no more than 250 words) biography. This biography will be shown to voters.**

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**Section 5: Nominee Questions**

* **At-Large/Regional Applicants**, please **answer the following questions** providing a separate response for each question. Please be as succinct as possible in your responses. Responses should be no more than 100 words for each question.
1. What are key opportunities to improve the public’s health that NACCHO should be involved in and how can NACCHO enhance the ability of local health departments to engage in this work? How do you feel your experience best prepares you to help NACCHO with these key opportunities?
2. What partnerships would you like to see NACCHO grow or develop so that NACCHO can continue to be the voice for local health departments? How would you see yourself being a part of these partnerships?
3. What do you see as the biggest challenge facing local health departments in the next

3-5 years? How is NACCHO positioned to help local health departments address that challenge?

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**Section 6: Headshot**

Please submit a headshot here.

**Submittal**

Please submit this form and any supplemental materials as Microsoft Word documents in one email to OCEO@naccho.org.