



2020 APOMA CANDIDATE APPLICATION

Email completed application to happydocsal@yahoo.com on or before April 20, 2020

This application is to be completed by the candidate personally and submitted prior to the above deadline by email. Receipt for this application will be sent by email from the APOMA nominating committee.

The positions to be filled for the 2020-2022 APOMA Board of Directors are as follows:

President

President-Elect/Vice President

Recording Secretary

Treasurer

Director

Director

A candidate for elective office shall meet the following qualifications:

1. A member in good standing;
2. Further information on specific duties may be found in the APOMA Bylaws.

Any interested persons should submit a completed application to the Nominating Committee before April 20, 2020. Submission of an application does not guarantee a position on the board. Applications will be reviewed by the nominating committee who will then present a slate of nominees at the Annual Business Meeting of the Advocates for the Pennsylvania Osteopathic Medical Association. The slate will also be posted in advance on the POMA website. Nominations will be accepted from the floor during the annual business meeting of the APOMA.



Those wishing to encourage participation of other individuals should pursue this prior to the April 20, 2020 deadline period.



NAME OF CANDIDATE:

HOME ADDRESS:

TELEPHONE CONTACT - Home #:

Cell# :

EMAIL ADDRESS:

Please consider my application as a candidate for the following position(s) on the APOMA Board of Directors:

☐ President ☐ President Elect/Vice President ☐ Recording Secretary ☐ Treasurer ☐ Director

☐ I am currently serving on the APOMA Board of Directors.

☐ I am a member in good standing for the current membership year beginning June 1, 2019, as:

☐ Regular ☐ Retired ☐ Widowed ☐ IRAA ☐ SAA ☐ Life

☐ I have been a member in good standing prior to the current membership year as:

☐ Regular ☐ Retired ☐ Widowed ☐ IRAA ☐ SAA ☐ Life

☐ I have completed two years on the APOMA board previously and not more than 10 years and am applying for a current position. (Please list the membership years of your prior terms on the board, noting in what capacity you served, (e.g., Director or Officer position.)

Osteopathic Connections:

- ☐ I am the spouse of an osteopathic physician, or
☐ I am the significant other, family member, friend or employee of an osteopathic physician.

Name of D.O.:

- ☐ I am an osteopathic physician. School of graduation:
☐ Other affiliation:

LEADERSHIP EXPERIENCE (Osteopathic Advocate/Auxiliary Participation)

Please tell the Nominating Committee about your leadership experience by completing the following as applicable to national, state, IRAA or SAA. Indicate the choice and please provide details (CV/Resume may be attached instead).

CURRENT OFFICE/COMMITTEE HELD: **National** **State** **IRAA** **SAA**

Title/Committee: Organization:

How many years did you serve in this position?

Describe any specific duties or activities while serving in this capacity:

PREVIOUS OFFICE/COMMITTEE HELD: **National** **State** **IRAA** **SAA**

Title: Organization:

How many years did you serve in this position?

Describe any specific duties or activities while serving in this capacity:

What do you feel you could contribute as a member of the APOMA Board?

PERSONAL BACKGROUND

Please tell the Nominating Committee about yourself (Extra pages, a CV, or a resume may be attached or used to replace this section)

1. Please share your education or training background. Name of college and degree(s) if obtained:
2. Are you presently employed full or part time, if so what is the job and position you hold?
3. Other pertinent information that you would like the Nominating Committee consider: (awards, special recognition, honors, etc.)?
4. If you are active in volunteer work in any areas, please share what you do and for whom.
5. Skills or experience in business, financial management, promotions, marketing, event planning, education and website development are all areas of need for the APOMA. If you have these or other training or talents, please share. The APOMA seeks individuals to enhance the future of our organization with dedication, inspiration and diverse backgrounds and experiences.
6. Please share any special skills, talents or interests. I am extremely computer literate.

If the Nominating Committee wishes to clarify information in this form, which is your preferred time and means of contact from the information provided in this form? ☐Home phone Cell Phone ☐Email
☐8-12 mornings ☐12-5 afternoon 5-9 evening ☐ Other

APOMA BOARD OF DIRECTOR RESPONSIBILITIES

By submitting this application as a candidate for the positions marked, I acknowledge that members of the APOMA board are expected to attend 4 Board Meetings throughout the year, May, August, November, and February. I have read and accept the following regarding my potential board participation.

Refer to the 2013 revised bylaws, for roles and responsibilities of board members.

CANDIDATE'S WRITTEN CONSENT

I hereby give consent to have my name placed in nomination for the APOMA position for the 2020 year as indicated herein. The information is provided solely by me and is submitted in this email. I have provided confirmation that I meet the qualifications for the positions desired and if elected, will fulfill the duties of my position and will uphold the mission of the APOMA to the best of my ability.

(Electronic Signature)

(Date)