

FSRC Board Member Candidate Nomination Form

2025/2026 Election Year

- This form should be completed by the nominee. The information within will be shared with FSRC membership for the voting process.
- This form must be received by the FSRC Executive Office by email at <u>fsrc@fsrc.org</u>, or by mail at the address below no later than 11:59 pm on December 13, 2024.
 - $\circ~$ Florida Society for Respiratory Care

2700 Cumberland Pkwy, Suite 150

Atlanta, GA 30339

• Candidate information will be verified by Executive Office Staff and forwarded to the Elections Committee Chair. If approved, the nominee will be placed on the official ballot for vote by current, active FSRC members.

Candidate Information:

	First and Last Name:	
	Degree/Credentials (ex. RRT, MS):	
	Phone Number:	
	Email Address:	
AARC/FSRC Membership:		
	AARC Membership Number and Expiration Date:	
	FSRC Membership Number and Expiration Date:	
Employment Status:		
	Position Title:	
	Employer:	
	Employer Address:	

Please indicate your position of interest:

____ Treasurer

____ AARC Senior Delegate

_____ Region Director (1, 3, 5, or 7)

For which region would you like to be considered? _____

*To see a breakdown of the regions, please <u>click here</u>.

Please list all elected and/or appointed positions within the FSRC and dates served:

Please list all professional board or committee positions with other organizations:

Candidate Biography: Please submit a brief biography (approximately one paragraph) with your application to be shared with voting members during the election process. Only information in this bio will be shared with the membership. A CV will not be accepted or used in place of a biography in paragraph form.

CV or Resume: Please attach a CV or Resume for review by the FSRC Nominations and Elections Committee. This document is for Board purposes only and will not be shared with the membership.

Nominator Information (please note you may self-nominate):

Name:	
Nominator Phone:	
Nominator Email Address:	