



CANDIDATE PROFESSIONAL/PLATFORM DATA FORM

For All Potential Nominees and Self-Declared Candidates
for the CAPA Board of Directors and AAPA HOD Delegate Positions

GENERAL DIRECTIONS

Thank you for your interest in running for a CAPA Board of Directors and/or AAPA House of Delegates (HOD) position. Academy Bylaws (Article 7, Section 5) permit two ways to get on the CAPA Board of Directors ballot – self-declaration or endorsement by the Nominating Committee.

This form consists of two major sections:

<p>Section I: General Information – required for self-declared and Nominating Committee reviewed candidates.</p>	<p>This section asks for general information and a curriculum vitae (CV). The CV should include information on employment, education, professional involvement at the national and state level, awards/honors, and community activities. In addition, a candidate platform statement is requested. This information is used by both the Nominating Committee and Elections Committee.</p> <p>Receipt of this completed form is required by February 20 for those who do not wish to go through the Nominating Committee process.</p>
<p>Section II: Additional Information – required for Nominating Committee reviewed candidates ONLY.</p>	<p>Only those individuals who choose to be reviewed by the Nominating Committee need to complete this section. Individuals choosing to self-declare DO NOT need to complete this section. Answers to the questions are required. Other supporting materials of your choice may also be submitted.</p> <p>Receipt of this completed form is required by March 7 for those who wish to be reviewed/endorsed by the Nominating Committee.</p>

Photograph

In addition to completing this form, all individuals must submit one color photograph. You are encouraged to send the picture electronically.

Nominating Committee Review

The Nominating Committee completes its review and notifies all potential candidates by March 19, 2010. The Elections Committee then assumes responsibility and gives you an opportunity to modify and edit your election information by March 24, 2010 for inclusion in election materials and in various CAPA communication instruments.

By the appropriate deadline, please submit:

- This form and all answered questions
- Your curriculum vitae
- Your photograph
- Your platform statement

Via e-mail at capa@capanet.org or mail the information to:

Nominating Committee
California Academy of Physician Assistants
3100 W. Warner Avenue, Suite 3
Santa Ana, CA 92704

Questions

If you have any questions, please communicate with the CAPA office at (714) 427-0321 or capa@capanet.org.

Thank you for participating in CAPA's governance process.

SECTION I: GENERAL INFORMATION

Directions: All potential candidates must complete the entire portion of Section I.

A. METHOD OF CANDIDACY – Please select one option.

- I am self-declaring. The Nominating Committee will be notified of my declaration, but it will NOT review my application. I meet the candidate eligibility requirements stated in the CAPA Bylaws, Article 7, Section 5.
- I wish to go through the Nominating Committee. However, if the Nominating Committee does not endorse me as a candidate, then my name will automatically go on the ballot as a self-declared candidate.
- I wish to go through the Nominating Committee. If the Nominating Committee does not endorse my candidacy, then my name will NOT go on the ballot.

B. BOARD OF DIRECTORS POSITION FOR WHICH I AM A CANDIDATE – Please select one position.

- President Elect Secretary Vice President
- Treasurer Director at Large Student Representative

CANDIDATE FOR AAPA HOD

- Delegate to the AAPA House of Delegates in Las Vegas

C. CONTACT INFORMATION

Name and Suffix (PA, PA-C, PA-S, etc.) as you wish it to appear on the ballot:

NAME AND SUFFIX

STREET ADDRESS

CITY STATE ZIP

WORK PHONE HOME PHONE

MOBILE PHONE FAX

E-MAIL

D. MEMBERSHIP REQUIREMENTS

Current CAPA Fellow membership is required per CAPA Bylaws, Article 7, Section 5 for the positions of President Elect, Vice President, Treasurer and Secretary. The proposed nominee must be a Fellow member in good standing of both CAPA and AAPA. To serve in these positions, one must remain a Fellow member throughout their entire term. Candidates for Delegate to the AAPA HOD must be a Fellow member in good standing of both CAPA and AAPA and must remain a Fellow member throughout their entire term. All other candidates must be a CAPA member in good standing and must remain so throughout their entire term.

CAPA MEMBERSHIP NUMBER YEARS OF MEMBERSHIP IN CAPA

AAPA MEMBERSHIP NUMBER YEARS AS AN AAPA MEMBER

E. EXPERIENCE REQUIREMENTS FOR POSITION AS PRESIDENT ELECT

CAPA Policy 401: The proposed nominee must have previous experience as a CAPA Board member and/or has served on a CAPA committee or task force chair. The candidate must be willing and able to fulfill the time and financial commitments of the office. Please note your specific leadership experience below.

CAPA BOARD POSITION NUMBER OF YEARS

CAPA COMMITTEE SERVICE NUMBER OF YEARS

CALIFORNIA LOCAL GROUP LEADERSHIP NUMBER OF YEARS

DELEGATE TO THE AAPA HOUSE OF DELEGATES NUMBER OF YEARS

OTHER NUMBER OF YEARS

OTHER NUMBER OF YEARS

F. CURRICULUM VITAE

Please attach your curriculum vitae. Make sure it includes the following information:

- PA and other relevant employment history
- Completed educational degrees
- Professional involvement and leadership positions held
- Awards and honors
- Community activities

G. PLATFORM STATEMENT

In 450 words or less, please attach a platform statement which addresses how you view the position for which you are applying and what you would like to see accomplished during your tenure. This platform statement will appear in election materials (and may appear in CAPA publications). You will have an opportunity to review and edit the statement prior to publication.

H. SIGNATURE

Please read the following statements, check your answers, and provide your signature as verification.

I have reviewed the position description and time commitment of the position for which I am applying.

- yes no

I certify that the information provided is true and accurate.

- yes no

SIGNATURE DATE

CAPA Political Action Committee Donation

CAPA leaders are strongly encouraged to donate money to the CAPA Political Action Committee at least once each year. A suggested amount is \$100. This is a voluntary contribution. CAPA PAC ID #981553.

**SECTION II: ADDITIONAL INFORMATION FOR CANDIDATES REVIEWED BY THE NOMINATING COMMITTEE
(RESPONSE REQUIRED)**

A. CAPA GOALS AND DIRECTIONS

On a separate page, please select one area below and discuss how you believe CAPA and its leaders can bring continued success in that particular area.

- **Strengthen *and* Promote the PA Profession**
- **Strengthen Physician-PA Team Practice**
- **Strengthen State Health Care Systems**
- **Strengthen CAPA and Grassroots Involvement**

B. OTHER QUESTIONS

Please answer *3 of the 5* following questions.

1. What do you consider the single most important accomplishment in your PA leadership or employment position?
2. What was the biggest decision you made this past year and how did you make that decision?
3. What strengths would you bring to the CAPA Board of Directors and/or AAPA House of Delegates?
4. What are your hobbies and interests?
5. How many hours a week do you devote to your job(s) and how many hours a week do you currently devote to volunteer positions/activities?

C. REFERENCES

Please provide the information requested below for three references. One of your references may be contacted via phone for additional information.

Reference 1

REFERENCE NAME	REFERENCE PHONE NUMBER	
REFERENCE E-MAIL ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

Reference 2

REFERENCE NAME	REFERENCE PHONE NUMBER	
REFERENCE E-MAIL ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

Reference 3

REFERENCE NAME	REFERENCE PHONE NUMBER	
REFERENCE E-MAIL ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

Section III: SUBMISSION CHECKLIST

- Application (this form including required attachments/information)
- CV
- Photograph (color and if submitted electronically, at least 300 dpi)
- Supporting documentation (optional)

Please e-mail this information to capa@capanet.org or mail the information to:

Nominating Committee
California Academy of Physician Assistants
3100 W. Warner Avenue, Suite 3
Santa Ana, CA 92704

If you have any questions, contact the CAPA office (capa@capanet.org) at (714) 427-0321.

IV: SUBMISSION DEADLINES

Receipt of this completed form is required by **February 20** for those who do not wish to go through the Nominating Committee process.

Receipt of this completed form is required by **March 7** for those who wish to be reviewed/endorsed by the Nominating Committee.