



# BOARD MEMBER APPLICATION

## CONTACT INFORMATION

Date:	Last Name:	First Name:	M.I.:	Suffix:
Street Address:			Apartment/Unit#:	
City:		State:	ZIP:	
Phone:		E-Mail Address:		
Have you ever worked for or previously been a board member for this organization?				<input type="checkbox"/> Yes <input type="checkbox"/> No; If so, when?

## EDUCATION

College Education:
Degree:
Graduate Institution:
Degree:
Other Institution/Training:
Degree or Certification:

Please list employment experience including institutions and positions held:

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Please list any current or previous board (not for profit or profit), leadership or volunteer experience:

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How did you hear about the Ohio Physicians Health Program?

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Why are you interested in serving on the Ohio Physicians Health Program Board of Directors?

What skills and/or experience can you contribute to the Ohio Physicians Health Program Board of Directors?

Briefly describe any additional professional activities, awards, publications, memberships, affiliations, and/or leadership positions:

Please provide any possible conflicts of interest you may have if selected for the Board of Directors:

#### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to board position, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Please submit this application with a copy of your CV or resume to:

Kelley M. Long, MBA, Executive Director  
Ohio Physicians Health Program  
130 E. Chestnut Street, Suite 400  
Columbus, OH 43215

klong@ophp.org - (614) 841-9690 x23 – fax: (614) 841-9680