



2019 NOMINATION FOR IHMM BOARD OF DIRECTORS

Please ensure that you are using the latest version of [Adobe Reader](#) to fill out this form.

Self-nomination is acceptable.

Name of Nominee:

Certification number (N/A if Public Member Nominee):

What IHMM certification(s) does the nominee hold? (Only CHMM seats are up in 2019)

CHMM

CDGP

Has the nominee been contacted to confirm their willingness to serve? (Check one) Yes No

Nominee's E-mail:

Nominee's Daytime Phone:

Nominee's Position Title and
Industry/Professional Sector:

Nominee's Employer:

Nominee's Work Address:

This form must be signed to be considered complete. Electronic signatures are acceptable and encouraged. If you cannot sign or otherwise fill out the form electronically, please print and scan a completed and signed version of the form for submission.

By submitting this form, I acknowledge that all information required by this form (entered here or otherwise submitted) is deemed to be a part of this nomination. I attest to the truthfulness of all information submitted.

Nominator's Signature:

Date:

Please inform the nominee of your nomination before submitting the form.

Nominator's Name:

CHMM/CHMP/CDGP#:

E-mail address:

Daytime Phone:

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Suite 470
Rockville, MD 20850
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F: (301) 984-1518

www.ihmm.org



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NOMINEE QUALIFICATIONS

Please describe below the reasons you think the nominee would make a good IHMM Board Member. Include anything that highlights the individual's qualifications, such as service on standards committees, volunteer service or leadership positions in other organizations, etc.

Please describe below what the nominee hopes to accomplish as a Board Member at IHMM. This could include policy or project proposals, leadership in certain areas, or other contributions the nominee sees him or herself making in the governance of the Institute.

Please describe below any civil or criminal litigation, state or federal agency enforcement actions, or other governmental or quasi-governmental enforcement actions taken against you or with which you have been involved. Include the nature of the action and your role in it either specifically against you as an individual or against a board or committee of which you were a part.

With this form, please submit a **current resume** (five-page maximum) including education, work experience and professional affiliations.

In addition, please submit a **half-page bio** summarizing job history and education. In signing then submitting this form you are also agreeing to an IHMM Nominating Committee background check as a further condition of being considered to serve on the IHMM Board.

Please submit the completed nominations form to Eugene A. Guilford, Jr., Staff Liaison to the IHMM Nominating Committee, at gguilford@ihmm.org.