

CALIFORNIA SOCIETY FOR RESPIRATORY CARE NOMINEE INFORMATION FORM FOR USE BY CSRC MEMBERS 2025

GENERAL INFORMATION (all nominees must provide)

Professionalism • Advocacy Commitment • Excellence

PART A:

PLEASE NOTE:		The nomination forms, Part A, B and C must be returned to CSRC Nominations co-chairs, Mel Welch and Pat Tobin, no later than Midnight , February 14, 2025 to be considered by the Nominations and Elections Committee. Email completed form to: melwelchrrt@gmail.com					
1.	Position nomi	nated for:					
	State Board						
	President Treasurer JAlternate Delegate						
	Region Presidents						
	☐ Southern California Region (SCR) ☐ Inland Empire Region (IER) ☐ San Diego Region (SDR)						
ALL OF THE ABOVE POSITIONS REQUIRE AARC MEMBERSHIP							
2.	ar on official documents):						
Name ——							
			Credential	Email			
	Address			_ Apt #			
	City			_ Zip			
	Home #		Work #	Cell #			
	Fax #		Immediate Supervisor				
3.	CSRC Member	ership Status:	(check one) Active S	State			
	Membership #	<u> </u>	Member Since (year)				
1	AARC Memb	erchin#					

5.	Support of Employer:				
	Due to the time and energy requirements associated with CSRC elected office, the CSRC Nominations and Elections Committee requires that your employer support your nomination. Please have your immediate supervisor indicate that support by filling out the following.				
	Yes, I support the nomination				
	Signature				
	Name (please type or print)				
	Title				
6.	Candidate Signature				
	I hereby certify that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.				
	I hereby give consent to the Nominations and Elections Committee of the CSRC to publish, investigate, or use the information contained within for the purpose of selection of candidates or the holding of an election.				
	Signature Date				

PART B:	 B: This information relates to the education, training, skills, abilities, professional experience and work experience which have prepared the nominee to run for and hold a CSRC elected office. In lieu of completing PART B, you may attach a current resume/curriculum vitae. 1. List your activities (please type). Your activities may exceed the allocated spaces. 					
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CSRC	State Level-Offices	s, Committees				
,	Title	Office/Committee	Year			
CSRC Re	gional Level-Offic	es, Committees				
Т	itle	Office/Committee	Year			
AARC Ac	ctivities					
Т	itle	Office/Committee	Year			
Related A	.ctivities/Honors					
Т	itle	Office/Committee	Year			

PART C: In 100 words or less, write your platform statement. Do not exceed the 100 words limit! Words, including short adjectives and prepositions will be counted. Any sentence(s) exceeding the limit will be deleted entirely from the published profile.