



CALIFORNIA SOCIETY FOR RESPIRATORY CARE

NOMINEE INFORMATION FORM

FOR USE BY CSRC MEMBERS

2026

PART A:

GENERAL INFORMATION (all nominees must provide)

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 20, 2026** to be considered by the Nominations and Elections Committee. Email completed form to: melwelchrrt@gmail.com

1. Position nominated for:

State Board

Vice-President Secretary

Region Presidents: Choose only your region

Greater Bay Area Region (GBAR) Northern California Region (NCR)
 Central California Region (CCR)

ALL OF THE ABOVE POSITIONS REQUIRE AARC MEMBERSHIP

2. Candidate (please print or type your name as you wish it to appear on official documents):

Name _____ Credential _____ Email _____

Address _____ Apt # _____

City _____ Zip _____

Home # _____ Work # _____ Cell # _____

Fax # _____ Immediate Supervisor _____

3. CSRC Membership Status: (check one) Active State

Membership # _____ Member Since (year) _____

4. AARC Membership # _____

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: 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.

CSRC State Level-Offices, Committees

Title	Office/Committee	Year

CSRC Regional Level-Offices, Committees

Title	Office/Committee	Year

AARC Activities

Title	Office/Committee	Year

Related Activities/Honors

Title	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.