

#### CANDIDATE APPLICATION FORM

CAPA Board of Directors position

#### **ELIGIBILITY:**

Thank you for your interest in being a CAPA Board of Director! If you are a Fellow, Associate, or Military CAPA member in good standing, you are eligible to serve as a senior leader of CAPA.

Fellow CAPA members who are also Fellow members of AAPA.

Associate CAPA members who are not Fellow members of the AAPA.

**Military** CAPA members who are full-time permanent or active-duty military PAs.

#### **CANDIDACY:**

There are **three methods** for submitting your candidacy:

- 1. If you wish to submit candidacy without review and possible endorsement from CAPA's Nominating Committee, you must indicate so below next to the correct option and submit your candidate application by **Monday, February 19, 2024**.
- 2. If you would like CAPA's Nominating Committee to review your application with a possibility for endorsement, the deadline to submit your candidate application is **Monday**, **March 4**, **2024**. If you are not endorsed by the Nominating Committee, your candidacy ends at this stage and will not appear on the election ballot.
- 3. If you would like CAPA's Nominating Committee to review your application with a possibility of endorsement but want your candidacy to be reflected on the election ballot whether endorsed or not, the deadline to submit your candidate application is **Monday, March 4, 2024**. If you are not endorsed by the Nominating Committee, the election ballot will reflect that your candidacy was not endorsed by the Nominating Committee.

## **REQUIREMENTS:**

All eligible candidates must submit the following no later than 5:00 PM PST on Monday, March 4, 2024.

Candidates who wish to bypass Nominating Committee review must submit by 5:00 PM PST on Monday, February 19, 2024.

Late submissions will not be considered.

Completed candidate application
Candidate CV or resume
Candidate photograph (include specs)

# **NOTIFICATION:**

Upon review of all submissions, a representative of the Nominating Committee will contact all candidates by Friday, April 12, 2024 regarding the next steps.

Completed candidate applications must be emailed to <a href="teresa@capanet.org">teresa@capanet.org</a>, with the subject line: c/o Nominating Committee.

Should you have questions regarding your candidacy or the election process, you may contact CAPA Executive Director, **Teresa Chien,** at the submission email above or call (714) 427-0321.

Thank you for participating in CAPA's governance process.

Candidate Platform statement

# SECTION I: GENERAL INFORMATION

All potential candidates must complete this form

A. Method of Candidacy—Please select one option	_ , , , , , , , , , , , , , , , , , , ,	
		on, in addition to being a member
I wish to be reviewed by the CAPA Nominating	in good standing, candidates for officer positions must have at least one year of CAPA Board or Committee Chair experience	
Committee. If I am not endorsed, I understand that my name will not be on the election ballot.		d or Committee Chair experience
I wish to be reviewed by the Nominating Committee.	within the last three years.	
I understand that if I am not endorsed, my name will still appear on the election ballot, but with the	Please list your past CAPA leadership experience below.	
notation "Reviewed by CAPA's Nominating		
Committee but not endorsed."	CAPA BOARD POSITION	NUMBER OF YEARS
I wish to self-declare my candidacy without review		
from CAPA's Nominating Committee. My name will	CAPA COMMITTEE CHA R SERVICE	NUMBER OF YEARS
appear on the election ballot with the notation "Not	SALA GOMMATTEE STATE GERVIOL	Nomber of Texto
reviewed by CAPA's Nominating Committee."		
	DELEGATE TO THE AAPA HOUSE OF	NUMBER OF YEARS
B. Positions For Which I am Seeking Candidacy:	DELEGATES	
President-Elect Vice President	OTHER	NUMBER OF YEARS
Substitution of the property of the speciment		
Treasurer Secretary	OT USD	NUMBER OF VEARS
Director-at-Large	OTHER	NUMBER OF YEARS
STREET ADDRESS  CITY STATE ZIP  WORK PHONE HOME PHONE	Awards and honors     Community activities	degrees ent and leadership positions held
	G. Platform Statemen	
HODILE DUOVE		ase attach a platform statement u view the position for which you
MOBILE PHONE	are applying and what yo	병원 그렇게 하면 이 사람이 되었는데 나는 특별이 그리고 있다면 하면 되었다. 나는 사람이 되었다면 하면 하면 하는데 보다.
	accomplished during you	
EMAIL	Selection (Selection)	
	H. Signature	
D. Membership Requirements	Please read the following statements, check your answers,	
All candidates for a CAPA leadership position must be a Fellow,	and provide your signature as verification.	
Associate, or Military CAPA member in good standing. "In good	I have reviewed the posit	AT .
standing" is defined as having maintained uninterrupted CAPA		ion for which I am applying.
membership for a minimum of one year, without suspension or other	Yes	No
disciplinary mark.	Board job descriptions and	time commitments may be
	reviewed on CAPA's websi	
CAPA MEMBERSH P NUMBER YEARS OF MEMBERSHIP IN CAPA	https://www.capanet.org/co	apa-leadership
E. Additional Requirements:	I certify that the informatio	on provided is true and accurate to
The officer positions at CAPA, i.e. Treasurer, Vice	the best of my knowledge.	
President, etc., require significant knowledge of CAPA, the		
PA profession, and overall governance. Thus, experience in	SIGNATURE	DATE

SIGNATURE

a prior CAPA leadership position is required.

DATE

#### Section II: Additional Information for Candidates Reviewed by the Nominating Committee

FOR CANDIDATES WHO WISH TO BE REVIEWED BY THE NOMINATING COMMITTEE, PLEASE ANSWER THE ADDITIONAL QUESTIONS BELOW AND INCLUDE AS PART OF YOUR PLATFORM STATEMENT. CANDIDATES WHO WISH TO BYPASS THE NOMINATING COMMITTEE MAY SKIP THIS SECTION.

#### A. CAPA GOALS AND DIRECTIONS

On a separate page, please select one area below and discuss how you believe CAPA, and its leaders can progress CAPA toward its *Vision* to fully integrate into every aspect of California's healthcare system by:

- Strengthening and Promoting the PA Profession
- Strengthening Team Practice with Other Health Professions
- Strengthening State Healthcare Systems
- Strengthening 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?
- 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 ADDR	RESS	RELATIONSHIP TO REFERENCE	LENGTH OF T ME KNOWN	
REFERENCE 2				
•	REFERENCE NAME		REFERENCE PHONE NUMBER	
REFERENCE E-MAIL ADDR	RESS	RELATIONSHIP TO REFERENCE	LENGTH OF T ME KNOWN	
REFERENCE 3				
	REFERENCE NAME		REFERENCE PHONE NUMBER	
REFERENCE E-MAIL ADDR	RESS	RELATIONSHIP TO REFERENCE	LENGTH OF T ME KNOWN	
SUBMISSION CH	ECKLIST			
Application	on (Section I-II)	CV/ Resum	Platform Statement	
Digital Photograph (.png preferred)			Supporting documents (required for those wishing to be reviewed by the Nominating Committee)	

Please email your candidate applications and supplementary materials (in PDF format) to Teresa Chien at teresa@capanet.org, with the subject line: c/o Nominating Committee.

#### **Deadlines:**

- Self-Declare Candidates: Monday, February 19, 2024
- Nominating Committee Reviewed Candidates: Monday, March 4, 2024