



CANDIDATE APPLICATION FORM

AAPA House of Delegates position

ELIGIBILITY:

Thank you for your interest in running for an AAPA House of Delegates position. If you are a Fellow CAPA member in good standing, you are eligible to step up and serve as an AAPA Delegate.

Fellow CAPA members who are also Fellow members of AAPA.

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)
- ☐ Candidate Platform statement

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 teresa@capanet.org, 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.

SECTION I: GENERAL INFORMATION

All potential candidates must complete this form

A. Method of Candidacy—Please select one option

- ☐ I wish to be reviewed by the CAPA Nominating Committee. If I am not endorsed, I understand that my name will not be on the election ballot.
- ☐ I wish to be reviewed by the Nominating Committee. I understand that if I am not endorsed, my name will still appear on the election ballot, but with the notation "Reviewed by CAPA's Nominating Committee but not endorsed."
- ☐ I wish to self-declare my candidacy without review from CAPA's Nominating Committee. My name will appear on the election ballot with the notation "Not reviewed by CAPA's Nominating Committee."

B. Positions For Which I am Seeking Candidacy:

- ☐ AAPA House of Delegates

C. Contact Information

NAME & SUFFIX		
STREET ADDRESS		
CITY	STATE	ZIP
WORK PHONE	HOME PHONE	
MOBILE PHONE		
EMAIL		

D. Membership Requirements

All candidates for an AAPA House of Delegates position must be a Fellow CAPA member in good standing. "In good standing" is defined as having maintained uninterrupted CAPA membership for a minimum of one year, without suspension or other disciplinary mark.

CAPA MEMBERSHIP NUMBER	YEARS OF MEMBERSHIP IN CAPA
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E. Additional Requirements:

Please list your past leadership experience below.

CAPA BOARD POSITION	NUMBER OF YEARS
CAPA COMMITTEE CHAIR SERVICE	NUMBER OF YEARS
DELEGATE TO THE AAPA HOUSE OF DELEGATES	NUMBER OF YEARS
OTHER	NUMBER OF YEARS
OTHER	NUMBER OF YEARS

F. Curriculum Vitae/ Resume

Please attach your curriculum vitae/resume. Make sure it includes the following information:

- PA and other relevant employment history
- Completed educational degrees
- Professional involvement and leadership positions held
- Awards and honors
- Community activities

G. Platform Statement

In 450 words or less, please attach a platform statement which addresses how you view the position for which you are applying and what you would like to see accomplished during your tenure.

H. Signature

Please read the following statements, check your answers, and provide your signature as verification.

I have reviewed the position description and time commitment of the position for which I am applying.

- ☐ Yes ☐ No

*Board job descriptions and time commitments may be reviewed on CAPA's website--
<https://www.capanet.org/capa-leadership>*

I certify that the information provided is true and accurate to the best of my knowledge.

SIGNATURE	DATE
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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 AAPA House of Delegates?
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 ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

REFERENCE 2

REFERENCE NAME		REFERENCE PHONE NUMBER
REFERENCE E-MAIL ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

REFERENCE 3

REFERENCE NAME		REFERENCE PHONE NUMBER
REFERENCE E-MAIL ADDRESS	RELATIONSHIP TO REFERENCE	LENGTH OF TIME KNOWN

SUBMISSION CHECKLIST

- | | | |
|--|---|---|
| <input type="checkbox"/> Application (Section I-II) | <input type="checkbox"/> CV/ Resume | <input type="checkbox"/> Platform Statement |
| <input type="checkbox"/> Digital Photograph (.png preferred) | <input type="checkbox"/> 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