**Executive Committee & Board of Directors Nomination Form**

*Society of Critical Care Medicine – Texas Chapter*

Please use this form to submit nominations for positions on the Executive Committee and Board of Directors for the Society of Critical Care Medicine Texas Chapter. Only members may submit a nomination. Nominations will be accepted from now until **October 31, 2017**. Nominations not supported by all requested documentation will not be considered by the Nominations Committee. Send the complete form to the SCCM Texas Chapter Nominations Committee via email at [nominations@sccmtexaschapter.org](mailto:nominations@sccmtexaschapter.org).

**Open Positions for 2018**

**Executive Committee:**

1. President-elect (3-year progressive term for president-elect, president, immediate past president)
2. Treasurer (2-year term)

**Board of Directors (3-year terms):**

1. Physician seat
2. Nurse seat
3. At-Large seat

*Multiple nominations are invited.*

**Nomination**

|  |  |
| --- | --- |
| **Information about the Nominee:** |  |
| **Name** |  |
| **Credentials** |  |
| **Position being nominated for:** |  |
| **Profession** |  |
| **Place of Employment** |  |
| **Email address** |  |
| **Current member of SCCM Texas Chapter?** |  |
| **What special skills or abilities does the nominee possess that will enable him/her to serve the Texas Chapter well on the Executive Committee or the Board of Directors?** |  |

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| --- | --- |
| **Submitted by:** |  |
| **Email:** |  |
| **Date:** |  |