

1101 Connecticut Avenue NW, Suite 450

Washington, DC 20036

Telephone: (800) 561-3148

**CANDIDATE BIOGRAPHY AND APPLICATION FOR ELECTED OFFICE**

**Name**:

Please indicate position for which you are declaring candidacy:

[ ]  **At Large Board Member (2 openings: 3-year term 2018-2021)**

[ ]  **District 3 (3-year term: 2018-2021) Indiana, Kentucky, Michigan, Ohio, West Virginia**

[ ]  **District 4 (3-year term: 2018-2021) Alabama, Florida, Georgia, Maryland, DC, Delaware, North Carolina, Pennsylvania, South Carolina, Virginia**

*Qualified candidates for Director shall have been* ***ACHCA Voting Members in good standing for* *at least the immediately preceding two years, and a Fellow of ACHCA.*** *The Board of Directors may identify additional qualifications for Directors. [ACHCA Bylaws as of 2013]*

*Directors who specifically represent a designated area or membership group shall be elected by plurality vote of the Voting Members voting from that designated area or membership group as assisted by the national ACHCA office. [ACHCA Bylaws as of 2013]*

**❒ Nominating Committee (3 openings: 2-year term 2018-2020)**

*The Nominating Committee shall consist of the Immediate Past-Chair, who shall serve as chairperson of the Nominating Committee for one year or for the duration of his or her position as Immediate Past Chair, and at least* ***three individuals who must be Fellows and ACHCA Certified Administrators*** *in good standing. Other than the Immediate Past Chair, the members of the Nominating Committee shall be elected for one (1) two-year term and such terms may be staggered so as not to all expire at the same time. [ACHCA Bylaws as of 2013]*

If you would like to submit your application via -email, please save this form as a Word document and e-mail the form to elections@achca.org or complete online at [www.achca.org](http://www.achca.org).

**DEADLINE FOR SUBMISSIONS IS DECEMBER 22, 2017.**

**In completing this form, please use as much space as needed.**

**Sections requiring a signature: a digital copy of your signature is allowed.**

**Professional & Contact Information**

**Name:**

Designations/Credentials ***(check all that apply)***:

[ ] FACHCA [ ]  CNHA [ ]  CAS [ ]  CALA

Membership Status ***(check only one)***:

[ ] Active Member [ ]  Retired Member [ ] Fellow Emeritus

Have you been a voting member of ACHCA for at least two years? [ ] Yes [ ]  No

***Voting Memberships are: Professional, Emerging Professional, Academic, Retired Member, Retired Fellow***

**Address**: Please indicate: [ ] Home [ ] Business

**E-mail:** Please indicate: [ ] Home [ ] Business

**Telephone**: Please indicate: [ ] Home [ ]  Business

Has any licensure board taken **any action** on any of your licenses? [ ] Yes [ ]  No

If yes, please explain:

**In the next section, we will ask you about your education and experience.**

Education & Experience

**VOLUNTEER Experience**

Please list the three (3) most recent ACHCA volunteer/leadership positions you have held. *Include the office, whether it was national service or chapter service, and the dates of service.*

**National Awards Received**

Please list your Award, the Presenting Organization and the Year the Award was received.

**Licensure**

|  |  |  |
| --- | --- | --- |
| **State** | **License Number** | **Type** |
|  |  |  |
|  |  |  |
|  |  |  |

**Educational Background**

Please list all post-high school education, including dates of study and degree/certificate received.

**Professional Experience**

Please list your post-acute/long term care experience in chronological order. *Include dates of employment, position held, employer, and a brief description of your primary responsibilities.*

**Publications**

Please list any articles or books you have published that are relevant to your nomination.

**Professional Activities**

Please list professional organizations other than ACHCA that you belong to and any positions you have held. *Include terms of service/years.*

**Community Involvement/Activities**

Please list any organizations that you belong to that are civic or charitable in nature. *Include any positions held and years of service.*

**Candidate’s Position Statement: This statement will be published on the ACHCA website and as part of the election information available for review by qualified ACHCA voters.**

Please write a statement outlining why you want to serve in an elected position for ACHCA. In this statement, *include your ideas for the future and how your background and skills position you to lead*.

**Statements are limited to 250 words.** Statements over this word count will be edited.

**Electronic Photo**

Please include a photo in digital format with this candidate application. Photos should be .jpeg format and high resolution (350 KB or higher).

**Campaigning Guidelines**

Candidates are allowed to promote their candidacy for an ACHCA Elected position in a professional and collegial manner.

* There will be no campaigning or electioneering. Chain emails to a chapter or members in large numbers or posted endorsements is expressly prohibited and may result in disqualification.
* Candidate statements, and detailed bio information, from applications will be posted on the ACHCA website and available for viewing in a read only manner.

**Please sign below to indicate that you have read and fully understand the guidelines.**

**Signature:**

**Date:**

**Conflict of Interest Form**

**All applications must include a Conflict of Interest Disclosure Form (see next section).**

**STATEMENT OF ACHCA ANTITRUST POLICY**

It is the established policy of the ACHCA to comply with all laws, including the antitrust and conflict of interest laws. Because College members and committee participants may be competitors, it is important that we confine our discussions, both formal and informal, to the topics described on our Agenda. In order to comply with our policy, we will not address, in the group or separately, any issues related to our respective companies' current or future pricing, terms of sale or costs, strategic plans or initiatives, bidding situations, sales to specific customers or in specific geographic areas. If you have any questions or concerns about these matters as we proceed, please raise them immediately.

**Disclosure/Confidentiality**

Members of the ACHCA Board and committees are expected to exercise unbiased and Balanced judgments on the subjects addressed by the Board/committee. It is essential that members adhere to this policy to protect the reputation and integrity of the Board/committee, the work that is being performed and ACHCA. A conflict of interest or the appearance of a conflict of interest could arise if a member has a significant financial or other interest in any entity that offers products or services related directly or indirectly to the topic under consideration by the Board/committee. Not all conflicts or potential conflicts would disqualify the member from the committee. For these reasons, ACHCA needs to assure appropriate consideration and disclosure of any potential conflicts of interest or any possible appearance of conflicts of interest.

The executive committee, or the board as a whole, will review all potential or actual conflicts identified by the Nominating committee for candidates for election or appointment. A determination will then be made whether such conflict will impede the candidate from running for election or stand appointment. A candidate notified of a COI that deters advancement in ACHCA elected or appointed positons will have the opportunity to appeal that decision within 10 days by putting their appeal in writing to either the Board chair or the ACHCA CEO. Appeals will be reviewed by the Board of Directors in a timely fashion”. (2/20/15)

A significant financial interest is defined as any financial interest of the member or his/her family, including but not limited to employment, ownership of stock or other investment interest, service on the board of directors, receiving honoraria, consulting fees, or grants or funds or any other public association with another national long term care association or any other entity offering related products or services.

**Members are asked to agree to the following:**

* To consider the subject matter that the member has been invited to address in the Board/committee in light of any potential relationships, as delineated above that could pose a conflict of interest or the appearance of a conflict of interest;
* To disclose such conflicts as noted in our disclosure policy and at the beginning of Board/committee meetings where relevant subject matter may be discussed. Members should understand the ACHCA may find it necessary and appropriate to disclose the existence of any identified potential conflict or possible appearance of conflict of interest in connection with any subject o To recuse him or herself from voting on that issue should a significant financial or other interest impact and decision to be made on a subject matter pending consideration;
* To withdraw from receipt of such information and/or attendance at such discussion, to the extent any such actual or potential conflict or competing interest places in question the ability of the member to honor any request by ACHCA staff for a reasonable and appropriate timing of the release of information or of the nature of the discussion by or advice of the Board/committee on any subject.
* All Board/Committee members must respect the proprietary rights of ACHCA and be sensitive to appropriate uses of ACHCA information including the specifics of the Association’s Strategic Plan.
* Conflicts of interest are reviewed and if a conflict exists, the appropriate Board/committee considers three possible outcomes: Recognize it and take no action, be recused from discussion or voting on specific matters; and removal from the committee.
* Any disclosure and any other action concerning a matter by any Board/committee member in accordance with this policy shall be recorded in the minutes of the meeting at which the matter is considered. (See Appendix 8, Disclosure Statement).

**The next section includes the Conflict of Interest/Disclosure statement. Please read, complete, sign, and return with your application.**

**AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS**

**BOARD/COMMITTEE DISCLOSURE STATEMENT**

I have been nominated or selected to serve on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board/Committee/Task Force of the American College of Health Care Administrators (ACHCA).

As a member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board/Committee/Task Force, I hereby attest that, as of the date below, I do not have any business or professional interests that could form the basis for a conflict with regard to my position on this ACHCA assignment or the basis for a consanguine relationship with a third party who has a potential contract being considered by this ACHCA assignment.

I understand that in the course of my duties on the Board/committee, I may have access to confidential information about ACHCA's operations. I agree that during and after my service on this ACHCA assignment, I will not disclose any such information to any person or entity, other than the officers, agents and employees of ACHCA, except as the ACHCA specifically authorizes or directs me in writing. I agree to abide by the above disclosure statement during any current or future service as a board or committee member of any other association. I will observe any requirements or procedures that ACHCA may require for the protection of the confidentially of such information. I understand that any questions as to what information is confidential will be referred to, and resolved by, the Chair of the Board of ACHCA.

I further understand that the information that I provide in this statement and/or in supplements to this statement may be provided to the chair of the committee, members of the Board and/or officers of ACHCA.

Should a conflict or potential conflict arise, I shall report it immediately to the then-current chair of the committee and staff liaison for the appropriate action.

**Here is a list of associations, organizations and health care institutions with which I have professional or business interests that may be considered a potential conflict. (Please include being an officer or a member of the Board of Directors of any national or state long-term health care related association.)**

Name of association, organization, and health care institution (spelled out plus acronym)

State or National Entity

Your Role (member, Board member, officer, committee participant, committee chair, etc.)

**Signature:**

**Name:**

**Date:**

**ACHCA Election Checklist**

* Completed Application (*includes Candidate Statement*)
* Digital Photo *(.jpeg format and high resolution (350 KB or higher*)
* Signed Disclosure Statement

If you have any questions, please send e-mail to elections@achca.org.

**DEADLINE FOR SUBMISSIONS IS DECEMBER 22, 2017.**

Thank you for your membership in ACHCA and for your commitment to leadership.

The ACHCA Nominating Committee will review each application submitted for the 2018 election. Candidates will be contacted as to the status of their application.