INSERT FACILITY OR SOCIETY NAME HERE

**Call for Nominations for XXXX Working Group Members**

**STATEMENT OF INTEREST**

Any individual who wishes to be considered as a nominee by the Board of Directors of the XXXX Society is required to complete this Statement of Interest and return it to [INSERT CONTACT NAME] at [INSERT CONTACT INFORMATION]. The Board of Directors will make a decision based on the information provided in this Statement of Interest, so please be as comprehensive as possible.

The Board of Directors will treat the identity of all candidates confidential.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of candidate: |  | Clinical practice type: | | |
|  |  |  | | |
|  |  |  | |  |
| Total years on staff at XXXX Hospital: | | |  |
| Total years in practice: | | |  |

Please indicate why you are interested in being a member of this committee.

|  |
| --- |
|  |

Detail relevant experience with related committees and/or Working Groups.

|  |
| --- |
|  |

Experience in: (please check)

Board/Committee work  Program development  Advocacy  Event planning

Communications  Policy development  Financial management

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print), have active privileges to practice at XXXX Hospital and accept the nomination for the position of Working Group member. I have read the role description for the position and understand the responsibilities as a member of the Working Group. I support the principles of the Memorandum of Understanding on Regional and Local Engagement. I do not know of any current or potential conflicts of interest in filling this position.

|  |  |  |
| --- | --- | --- |
| Nominee: |  |  |
|  |  |  |
| Signature |  | Date |

[TELECONFERENCE] meeting of the [NAME OF SOCIETY] Working Group held [DATE OF MEETING] as approved by the Working Group on [DATE OF MEETING]and incorporates any and all corrections made at the time of adoption.



Chair, [NAME]