



# OHIO PERSON-CENTERED CARE COALITION

## Ohio Person-Centered Care Coalition 2020-2021 Board Member Nomination Form

Nominee's Name: \_\_\_\_\_

Licensure or other Credentials: \_\_\_\_\_

Contact Information: E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Related Employment/Volunteer Activities or Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills and Abilities You Bring to the OPCCC Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your professional or personal commitment to Person-Centered Care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominating Person: \_\_\_\_\_ Self: \_\_\_\_\_

Nominator's Contact Information: \_\_\_\_\_

**Return Completed Form, resume or additional information on the nominee to  
[smccoy@dhad.org](mailto:smccoy@dhad.org). Deadline for acceptance: NOVEMBER 11, 2019**