OhioPHP

BOARD MEMBER APPLICATION

CONTACT INFORMATION				
Date:	Last Name:	First Name:	M.I.:	Suffix:
Street Address:			Apartment/Unit#:	
City:		State:	ZIP:	
Phone:		E-Mail Address:		
Have you ever worked for or previously been a board member for this organization?			☐ Yes ☐ No; If so, when?	

EDUCATION
College Education:
Degree:
Graduate Institution:
Degree:
Other Institution/Training:
Degree or Certification:

Please list employment experience including institutions and positions held:
Please list any current or previous board (not for profit or profit), leadership or volunteer experience:
How did you hear about the Ohio Professionals Health Program?

Why are you interested in serving on the Ohio Professionals Health Program Board of Directors?
What skills and/or experience can you contribute to the Ohio Professionals Health Program Board of Directors?
Briefly describe any additional professional activities, awards, publications, memberships, affiliations, and/or leadership positions:
Please provide any possible conflicts of interest you may have if selected for the Board of Directors:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to board position, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:

Please submit this application with a copy of your CV or resume to:

Kelley M. Long, MBA, Executive Director
Ohio Professionals Health Program
130 E. Chestnut Street, Suite 200
Columbus, OH 43215

klong@ohiophp.org - (614) 841-9690 x23 – *fax*: (614) 841-9680