

2020 IARP CANDIDACY FORM AND PACKET REQUIREMENTS

Note: Nominations will be accepted through 5:00 PM Central Time **Thursday, April 30, 2020.**

Support letters must be included with the nomination form to be considered. E-mail all nominations to Election2020@rehabpro.org and for questions contact: Steve Yuhas at steveyuhas@syconsulting.org or Dale Regnier at daler@rehabpro.org.

All nominations will be reviewed by the IARP Nominations and Elections Committee and IARP staff to ensure that candidates meet the minimum qualifications for the position they are seeking.

Name _____

Email _____

Phone _____

Position applying for _____

- Letter of Nomination attached
- Curriculum Vitae attached
- 300 word biographical sketch attached

Two Letters of Support Attached (Please Identify)

- 1.
- 2.

Please answer the next three (3) questions in 250 words or less per question. This information will appear on your candidate profile and will be posted during the member-wide or section-wide election.

Describe your qualifications for the position

What do you hope to accomplish during your term if elected?

What is your vision for IARP during your term?

I attest that I have reviewed the IARP Bylaws, the conflict of interest statement, and the board pledge of confidentiality and will abide by the terms of the bylaws and the governance documents if elected.

Signature _____ **Date** _____