## CANDIDATE PROFILE

## for POSITIONs On the OMGMA Board

**PLEASE Return by 5:00 pm (PDT), March 3, 2023**

* Via Email: Applications will be accepted only by **email to OMGMA at** **main@omgma.com**
* Please direct any questions regarding the application process to the above email address
* Your application will be acknowledged within 3 business days.

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| --- |
| **Curriculum Vitae, bio sketches and resumes will not be accepted as a replacement** **for this form but may be included for reference.** |

**Board Membership Requirement**: *Members of the Board of Directors shall be an Active Member of the Association for a minimum of two (2) years as of the start of the Administrative Year and have a minimum of three (3) years of experience in healthcare administration. Those serving on the Executive Committee have to be an Active Member of the Association for a minimum of
three (3) years and have a minimum of three (3) years of experience in healthcare administration. Credit may be granted for membership in another state affiliate chapter but are required to have been a member of the OMGMA for at least one year. All Directors are strongly encouraged to be active members of the national Medical Group Management Association and the American College of Medical Practice Executives. It is required that the President and President Elect are active members of the national Medical Group Management Association during their terms.*

### POSITIONS AVAILABLE TO APPLY FOR (please indicate which position you are interested in):

Terms begin July 1 and end June 30

Executive Committee

### \_\_\_\_\_ President-Elect – (3-year term commitment, thru June 30, 2026 must hold national MGMA membership to be considered)

### \_\_\_\_\_ Treasurer – (2-year term commitment thru, June 30, 2025)

Board of Directors

\_\_\_\_\_ Director - (**2**-year term commitmentthru, June 30, 2025)

### PROFESSIONAL INFORMATION

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Company |  |
| Address |  |
| Email |  |
| Phone – Work |  |
| Years in Current Position |  |
| Previous position and dates |  |
| Education /Highest degree earned |  |
| Years in Medical Group Management |  |
| Years as an OMGMA member |  |
| Years as anMGMA member |  |

**Select 3 committees for which you would be willing to serve.**

**The Nominating Committee will make specific committee assignment based on need:**

\_\_\_Education \_\_\_Marketing/Technology \_\_\_ACMPE \_\_\_Partner/Exhibitor \_\_\_Membership

\_\_\_Legislative \_\_\_Regional Outreach

### EMPLOYER INFORMATION

Group size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group type: \_\_\_\_\_ Single specialty \_\_\_\_\_ Multispecialty

\_\_\_\_\_ Other, please explain (Consultant, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OMGMA Executive Committee member and/or Board of Director members can expect to spend a minimum of five days (not including travel time) attending conferences or face-to-face events, as well as monthly participation in teleconferences. Members of the Executive Committee and/or Board of Director members may also be assigned to perform other committee activities, such as outreach, planning, or chairing of needed committees. Mileage and some specific expenses for board/committee participation and related activity may be covered by OMGMA according to current OMGMA reimbursement policies. Board members are otherwise responsible for their own registration and conference expenses incurred.

Are you willing to accept this time and financial commitment? 🞎 Yes 🞎 No

### OMGMA INVOLVEMENT

* Please describe your current participation in the OMGMA (conferences & meetings attended)
* Please list any previous service on any OMGMA Committees and dates:
* What opportunities do you see ahead for OMGMA?
* Please describe the contribution(s) you could make as an OMGMA Board Member.

### OTHER

* Please describe any other personal or career achievements, organization leadership positions (civic, educational, charitable), or honors and awards received that you would like the nominating committee to know about you.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feel free to contact us with your questions. Thank you for your interest in serving.

main@omgma.com