



Board of Directors Candidate Questionnaire

Name, Degrees: _____

Member for (state, jurisdiction, or territory): _____

- 1) Please list any past and current services to AMCHP (e.g., office, committee membership). Include dates of service.

- 2) Provide a personal vision statement for AMCHP (please keep answer to 2-3 sentences).

- 3) List education background by school and degree and maternal and child health experience by position and date (please be concise and do not include a CV or resume).

- 4) What is your motivation for running for this office? (Please limit your response to 100 or fewer words).

Submit to Nikeisha Ogletree, Chief Operations Officer via e-mail at nogletree@amchp.org or via fax at (202) 478-5120.