

Page: Supporting Evidence & Documentation

Curriculum Vitae (CV) or Resumé *

Please upload a complete Curriculum Vitae (CV) or Resumé which outlines academic education, years of experience in occupational therapy, professional accomplishments, and organizational involvement. Please submit as a DOC or PDF file format.

[File Upload]

Cover Letter *

Please upload a cover letter highlighting relevant qualifications, leadership skills, and competencies for this elected position. It is strongly suggested that you review the standard operating procedure (SOP) or job description (JD) of the position in advance. Please submit as a DOC or PDF file format.

[File Upload]

State Association (Affiliate) Membership *

Please submit evidence of current membership in a state association or affiliate, e.g., copy of a membership card or letter of verification from the state affiliate. Evidence should demonstrate the beginning/ending dates of current membership. Please submit as a DOC or PDF file format.

[File Upload]

Commission on Practice Chairperson-Elect: DEI *

Why do you believe diversity, equity, and inclusion are essential to the occupational therapy profession and AOTA as an organization and how will this influence your volunteer role?

Instructions: Please respond in 150 words or less.

Commission on Practice Chairperson-Elect: Other *

How do you envision your role as a chairperson contributing to the overall leadership and direction of our organization?

Instructions: Please respond in 150 words or less.

Page: Prior Professional & Volunteer Experience

Has the nominee ever not completed a professional volunteer commitment? *

Select one option

- Yes
- No

If yes, please explain.

Does the nominee have any potential conflicts of interest or other concerns that should be brought to the attention of the Volunteer Leadership Development Committee (VLDC)? *

Select one option

- Yes
- No

If yes, please explain.

Is the applicant/nominee currently engaged in any volunteer or paid positions with a state association or affiliate board, NBCOT®, state regulatory board, or ACOTE®/RAE, the term(s) of which would continue once the term for this position begins? *

Select one option

- Yes
- No

If yes, please explain.

Has the nominee ever had a public sanction from the Ethics Commission or any other Association body? *

Select one option

- Yes
- No

If yes, please explain.

Page: Statement of Authenticity

I recognize as a condition of accepting a volunteer position I may have to resign from existing positions which create an actual or potential conflict of interest. *

Select one or more options

- Yes
- No

I attest to the accuracy of the information included in this nomination form. This includes, but is not limited to, information contained in the accompanying CV, resumé, or other submission materials. *

Select one or more options

- Yes
- No

I further attest to having knowledge of and familiarity with official documents of the Association (including Bylaws, policies, relevant SOP/JD, AOTA Occupational Therapy Code of Ethics, Administrative SOP, and Strategic Priorities) and agree to abide by said documents including the Policy A.13 Conflict of Interest. *

Select one or more options

Yes

No

E-Signature of Nominee *

Note: My electronic (typed) signature on this document constitutes my legal signature in accordance with 21 CFR Part 11: Electronic Records; Electronic Signatures Act.

Date of E-Signature *
