

**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]

**Page: Applicant Interest and Experience**

**Representative Assembly: Experience \***

What skills, competencies, qualities and experiences do you have that will be of greatest asset to the RA?

Instructions: Please respond in 150 words or less.

---

---

---

**Representative Assembly: DEI \***

Describe how you plan to leverage the diverse backgrounds and experiences of fellow RA members, students, and practitioners to make well-informed decisions when establishing professional policies and standards?

Instructions: Please respond in 150 words or less.

---

---

---

**Representative Assembly: Other \***

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

Instructions: Please respond in 150 words or less.

---

---

---

**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 \***

---