| Nomination Form |  | | |
| --- | --- | --- | --- |
| Personal Information | | | |
| Name (with Credentials): | Current Title: | | |
| Years of SSH Membership: | | Profession: | |
| SSH service Please include the length and scope of your service to SSH in the following categories: | | | |
| Please describe your service on the SSH Committees, if any: | | | |
| Please describe your participation and any leadership position you have held in SSH Sections, SIGs and Affinity Groups: | | | |
| Please list your contributions to IMSH and other SSH meetings (e.g., planning, presenting, reviewing submitted content): | | | |
| Please list your contributions to the SSH Journal, Simulation in Healthcare (publications, reviewer, editorial board): | | | |
| service to other organizations | | | |
| Please describe your service to other organizations that share SSH’s mission of advancing simulation in healthcare (e.g., SSH affiliates, specialty societies, etc): | | | |
| Nominee Statement | | | |
| Please describe why you are interested in the position of IMSH Planning Team Co-Chair, the specific skills and experiences you will bring to the role, and your overall vision for the conference (in 500 words or less).  The statement should be addressed to the SSH Meetings Oversight Commission. | | | |
| Signatures | | | |
| To the best of my knowledge the information provided in this application is true and correct. | | | |
| Signature of nominee: | | | Date: |