| Nomination Form | |  | |
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| Personal Information | | | |
| Name (with Credentials): | | Current Title: | |
| Position sought: | 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 Board level service, if any (SSH or other organization): | | | |
| 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 Accreditation program, if any (e.g. program development, site reviewer): | | | |
| Please list your contributions to the SSH Certification program, if any (e.g. program development, assessor): | | | |
| 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 this position, the specific skills and experiences you will bring to the role, and your overall vision for the society over the next 3 years (in 500 words or less).  The statement should be addressed to the SSH membership and will be posted as written on the SSH website if slated for elections. | | | |
| Signatures | | | |
| To the best of my knowledge the information provided in this application is true and correct. | | | |
| Signature of nominee: | | | Date: |