



CCHI Commissioner Nomination Form

v. 2018

The Certification Commission for Healthcare Interpreters is opening nominations for the following Board positions **for the term from October 25, 2018 to October 24, 2021:**

- Commissioners – 2 vacancies

Nominees must represent a stakeholder group of the healthcare interpreting profession, healthcare interpreting industry, or field of language access to health care. Before nominating, please read the documents related to the Commissioners Selection Criteria and Position Description at <http://cchicertification.org/volunteer-for-cchi/> (click on the blue bar “Current Commissioner Nominations”). You may nominate yourself or someone else. If you nominate someone, prior to submission of the nomination, that individual must agree to the nomination and to serve for a term of three years. Nominations must be submitted on this Nomination Form and must be received **by 8:00 p.m. EDT on August 18, 2018.**

Nominee information

Name _____

Employer _____

Title _____

City/Town _____

State _____

Telephone Number _____

Email address _____

Nominee Statements to be included on the ballot:

1. Please provide a brief (up to 200 words) **biographical narrative**.
2. Please provide a brief **statement of intent** (no more than 500 words) that addresses:
 1. Why you want to serve as a CCHI Commissioner.
 2. Why you feel you are qualified to serve on the board.
 3. What you would like to accomplish while on the board.

Please return this form as an attachment via email with the subject “CCHI Commissioner nomination” **by 8:00 p.m. EDT on August 18, 2018** to: solutions@cchicertification.org.