



CCHI Commissioner Nomination Form v. 2026

The Certification Commission for Healthcare Interpreters is seeking nominations for the following Board position **for the term from October 2026 to October 2029:**

- Commissioner – two (2) vacancies

Commissioner nominees must represent a stakeholder group of healthcare interpreters, healthcare providers who work with interpreters, 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 August 15, 2026**.

Nominee information

Name _____

Employer _____

Title _____

City/Town _____

State _____

Telephone Number _____

Email address _____

Demographic info (optional)

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Other

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ More than one race

Ethnicity: ☐ African origin ☐ Hispanic or Latino origin ☐ Middle East origin
☐ Other

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, bio and statement of intent as an attachment(s) via email with the subject “CCHI Commissioner nomination” **by August 15, 2026**, to: solutions@cchicertification.org.