



CANDIDATE PROFESSIONAL/PLATFORM DATA FORM

Student Representative Position

GENERAL DIRECTIONS

Thank you for your interest in running for the CAPA Student Representative Position. Please read through required information and provide materials listed below.

SUBMISSION DEADLINES

Receipt of this completed form and supplemental documents is required by **March 26, 2021, 5:00 pm**. The Nominating Committee completes its review and notifies all potential candidates by April 16.

To be considered for this important position, please submit the following information by the deadline VIA EMAIL to capa@capanet.org:

- This form and all answered questions below
- Your curriculum vitae or Resume
- Your photograph
- Your platform statement
- Goals and Directions
- Other Questions (3 questions)

PHOTOGRAPH

In addition to completing this form, all individuals must submit one high resolution color photograph. You are encouraged to send the picture electronically.

PLATFORM STATEMENT

In 450 words or less, please attach a platform statement which addresses how you view the position for which you are applying and what you would like to see accomplished during your tenure.

This platform statement will appear in election materials (and may appear in CAPA publications).

CAPA GOALS AND DIRECTIONS

On a separate page, please select one area below and discuss how you believe CAPA and its leaders can progress CAPA toward its *Vision* to fully integrate into every aspect of California's healthcare system by:

- **Strengthening and Promoting the PA Profession**
- **Strengthening Team Practice with Other Health Professions**
- **Strengthening State Healthcare Systems**
- **Strengthening CAPA and Grassroots Involvement**

OTHER QUESTIONS

Please answer **3 of the 5** following questions.

1. What do you consider the single most important accomplishment in your PA leadership or employment position?
2. What was the biggest decision you made this past year and how did you make that decision?
3. What strengths would you bring to the CAPA Board of Directors and/or AAPA House of Delegates?
4. What are your hobbies and interests?
5. How many hours a week do you devote to your job(s) and how many hours a week do you currently devote to volunteer positions/ activities?

QUESTIONS

If you have any questions, please communicate with the CAPA office at (714) 427-0321 or capa@capanet.org. Thank you for participating in CAPA's governance process.

Please fill out this information and return with application materials.

CONTACT INFORMATION:

NAME AND SUFFIX

STREET ADDRESS

CITY STATE ZIP

PHONE

E-MAIL

REFERENCE:

Please provide the information requested below for one reference. Your reference may be contacted via phone or email for additional information.

NAME

PHONE

E-MAIL

RELATIONSHIP

CAPA MEMBERSHIP REQUIREMENTS:

CAPA Member Number

Please read the following statements and provide your signature as verification.

- I have reviewed the position description and time commitment of the position for which I am applying. Board job descriptions and time commitments on capanet.org/about/about-capa-leadership/
- I certify that the information provided is true and accurate.

Signature: _____ **Date:** _____