This form can be used by anyone to nominate individuals or self-nominate to serve on the Ohio Association for Behavior Analysis board. All nominees are required to be an OHABA full member. If you are not a current member, please update your membership on our website.

Please note that the nominations of candidates will be submitted by the Board from January 9, 2023. All nominations can be electronically submittedto OHABA Secretary at ohaba@ohaba.org. Please submit the nominee’s CV or resume with this nomination form.

Name of person nominating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_­­­­\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_) \_\_­­\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_­­­­\_­­­­ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_

Name of nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_ Title \_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

BCBA Certification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COBA No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_

* Does this Nominee agree with the time commitment required to fulfill the responsibilities of this Board Member position? Yes No

**2023 Open Board Member Positions:** *Please select position.*

 Treasurer\* Secretary\* Program Co-Chair

 Marketing Education Professional Standards

 Public Policy Student DEI Chair

 Technology

 \*Executive board member

|  |
| --- |
| **Please provide a brief professional biography of the nominee.**  |
| **Describe skills and talents of the nominee.** |
| **Why is the nominee interested in becoming a Board member?**   |
| **Describe the nominee’s leadership experience.** |
| **List some ideas you have for improving OHABA.** |
|  **Why are you recommending this person?** |
| * Is this person willing to travel for quarterly Board Meetings 1-4 times per year? Yes No
* Is this person willing to attend 4 1-hour virtual collaboration meetings per year? Yes No
* Is this person willing to conduct a minimum of 1 committee meeting (chairperson’s only) per quarter?

 Yes No |

**By signing below, I attest that the nominee is an OHABA full board member, the information provided is accurate, and I/nominee will include the CV with this nomination.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest!