



Central Florida Health Information Management Association
Board Member Election Questionnaire

Name: _____

Credentials: _____

Board Position of Interest: _____

Why are you interested in serving on the CFHIMA board? _____

What skills, qualities, or prior experience do you possess that qualifies you to serve in the position? _____

Please include a brief biography/statement of campaign to include in the ballot.

By signing below, I affirm my understanding that my responses to this questionnaire will be included during the election process to inform members of my interest in candidacy.

Signature

Date

Please e-mail nomination form along with a headshot to: membership@cfhima.org

Nominations are due March 31, 2020.