**Fact Sheet for Nominees to the CPE Board of Directors**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years involved in physician assessment and/or enhancement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years as a CPE Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Training (degrees/diplomas) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***Please attach a biographical sketch (maximum 100 words).***
* ***In addition, please append a brief response (one paragraph or less) to these questions:***
1. What experience in, contributions and accomplishments to the field of physician assessment and/or continuing professional education have you made?
2. What special skills, experiences and contributions will you bring to the CPE Board as a potential Director?
3. Why do you want to serve on the Board?
* ***Please provide one letter of reference and contact information from a person that is familiar with you in a professional capacity.***

The letter of reference should address your leadership skills and experience in the field of physician assessment and/or continuing professional education.

*Nominations must include (1) a completed Fact Sheet, (2) a brief biographical sketch (100 words or less) (3) response to questions listed above, (4) resume/curriculum vitae, and (5) one letter of reference. Nominees will not be considered without this requested information.*

⬜ Yes ⬜ No If elected, I am willing and able to serve, with no restraints/barriers to full participation and without reimbursement from CPE.

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

**Please submit by Monday, September 21, 2020 to Jodie Markey (jmarkey@cpehq.org)**