**Ohio Association for Behavior Analysis Nomination Form**

**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 at ohaba.org.**

**Please note that the nominations of candidates will be accepted by the Board from December 6, 2020 and must be submitted no later than December 20, 2020. All nominations can be electronically submitted to OHABA Secretary at** **ohaba@ohaba.org****. Please submit the nominee’s CV or resume with this nomination form.**

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| **NOMINEE:** |  |
| Employer: |  |
| Title: |  |
| BCBA Certification No./ COBA No. |  |
| Address: |  |
| City, State, Zip |  |
| Phone: |  |
| Email: |  |
| **Nominator:**  |  |
| **Nominator Email:** |  |

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

**2020 Open Board Member Positions   (please mark which position)**

|  |  |  |
| --- | --- | --- |
| **Secretary**  | **Treasurer** | **Marketing & Technology Co-Chair** |
| **Education** |  | **Student Member (1 year term)**  |
| **Public Policy**  | **Professional Standards** | **Program Co-Chair** |

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| 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?   |
| Please describe the nominee’s leadership experience:  |
| List some ideas you have for improving OHABA:  |
|  Why are you recommending this person? |