**Ohio Association for Behavior Analysis Board of Directors Nomination Form**

**This form can be used 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 submit your membership form and dues with nomination form.**

**Please note that the nominations of candidates will be accepted by the Board until January 17, 2019. 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.  |  |
| 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**

**2019 Open Board Member Positions**

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| --- | --- | --- |
| **Treasurer**  | **Co-Marketing & Technology** | **Professional Standards** |
| **Secretary** | **Co-Program** | **Education** |

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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:  |

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| List some ideas you have for improving OHABA:  |
|  Why are you recommending this person? |