



# Board Director Nomination Form

Date\_\_\_\_\_

## Dear Nominating Committee:

I nominate \_\_\_\_\_  
NAME

for a position on the Board of Directors for the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC).

### The individual meets the following requirements: *(check all that apply)*

- Is certified by ABC and in good standing
- Has past experience as an ABC or O&P volunteer
- Has knowledge of the orthotic, prosthetic and/or pedorthic professions and has a specific connection to the profession
- Is not currently serving on the board of directors of another national orthotic, prosthetic or pedorthic organization

The nominee has been informed of this nomination and will submit the required **Nomination Authorization** no later than **June 1**.

Signature\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Email\_\_\_\_\_

### **Return completed form via mail or email no later than June 1 to:**

ABC  
Molly Maguire  
330 John Carlyle St., Ste. 210  
Alexandria, VA 22314  
mmaguire@abcop.org