



Board of Directors Nomination Consent Public Member

Date_____

Name _____

I have been nominated for a four year term as a member of the board of directors for the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) and I verify the following information and accept the nomination: *(check all that apply)*

- I have knowledge of the orthotic, prosthetic and pedorthic profession and have a specific connection to the profession.
- I am not currently on the board of directors of another national orthotic, prosthetic or pedorthic organization

Biographical Information

Please submit the following information along with a copy of your current CV or resume.

Degree(s) earned (name of institution and dates), if any:

Current Employment/Position Title: _____

Describe your specific connection to the profession and list any experience with other related organizations.

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