



Board Director Nomination Form Public Member

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)*

- 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