

**2019 - 2020 CTAHE Board Treasurer Application**

To be eligible for election as the Treasurer of the CTAHE Board of Directors, we encourage all members interested in chapter leadership to complete this application and return it to the address below. **Complete this application and email it and your resume to Annamarie Grise, CMP, HMCC, Association Executive at** [**administrator@ctahe.org**](mailto:administrator@ctahe.org) **by 5:00 PM EST on Monday, July 22.**

NAME: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

#### POSITION APPLYING FOR: TREASURER (Note, the pre-requisite for the Treasurer position is to be an active Fellow in ACHE or to obtain Fellow within one year of taking the position.)

After completing this application and reviewing the corresponding Job Description in the Leadership Manual and with the support of my employer, I would like to be considered for the position indicated above.

Please sign below indicating your agreement to serve if selected, and confirming the full support of your employer for your time commitment.

Candidate Signature Date

The officers, directors and committee chairs of CTAHE represent the voice of the chapter’s membership. To ensure that the Board has the vision and the ability to provide the membership with a variety of benefits including opportunities for learning, building relationships, and growing their businesses, it is required that the board collectively possess the following traits:

**~ Diversity ~ Commitment ~ Accountability ~ Respectful ~ Communication ~ Professional ~**

**~ Reputable ~ Open-minded ~ Fiscally Responsible ~ Management Skills**

Please answer the following questions, which illustrate your commitment and ideas for the future growth, direction, and development of the CTAHE Chapter.

**Time Commitment:**

Regular in-person attendance is required at monthly meetings, chapter activities, Board meetings and retreats. It is expected that you will attend unless prior notice is given.

**Involvement:**

List your committee, board, and/or special event involvement in CTAHE during your membership.

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**Awards:**

List any awards or professional recognition received during your experience in the healthcare industry or expand on any other allied professional organizations or civic roles that you actively support.

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**CTAHE Challenges:**  
What do you see as the single most important issue or concern facing the chapter and its membership during the next year?  Why? How would you overcome them? You may use an additional sheet of paper.

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**Leadership**

Ability to lead; viewed by others as leader; excellent reputation in the community; self-awareness - the ability to read one's emotions and recognize their impact while using gut feelings to guide decisions; self-management - involves controlling one's emotions and impulses and adapting to changing circumstances.

Individual Assessment Rating (1 – 10) \_\_\_\_\_\_\_\_\_\_\_

*Experience Rating:  1 – 3 Very Little to Some | 4 – 6 Some to Moderate | 7 – 10 Moderate to Expert*

As an officer, director or chair, please state how you feel your leadership qualifications and chapter experience could contribute to benefit the chapter.  What do you hope to accomplish?

Examples or definition of basis for individual assessment from your professional and/or personal as well as CTAHE experiences: You may use an additional sheet of paper if needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return this form and resume to:**

**[administrator@ctahe.org](mailto:administrator@ctahe.org) by 5:00 PM EST on Monday, July 22, 2019**