



## Academy of Clinical Electrophysiology & Wound Management Call for Nominations/Position Statement

Form must be emailed to [info@acewm.org](mailto:info@acewm.org) in order to be considered in this year's election. The information contained in this form will be provided to the ACEWM membership for use in the election process.

Date:

Candidate Name:

Nomination Position:

I am eligible to serve

I consent to serve

Address:

Email:

Telephone:

Degrees Earned & Certifications:

### **EXPERIENCE**

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience and expertise could be utilized in the nomination position to further the objectives of the Academy:

Explain your perceptions regarding the direction the Academy should take in the future and how your goals for the nominated positions will affect this change: