



FSRC Board Member Candidate Nomination Form

2027/2028 Election Year

- This form should be completed by the nominee. The information within will be shared with FSRC membership for the voting process.
- This form must be received by the FSRC Executive Leadership by email at elections@fsrc.org, or by mail at the address below no later than 11:59 pm on November 8, 2026.
 - **Florida Society for Respiratory Care**
13245 Atlantic Blvd Suite 363-4
Jacksonville, FL 32225
- Candidate information will be verified by Executive Office Staff and forwarded to the Elections Committee Chair. If approved, the nominee will be placed on the official ballot for vote by current, active FSRC members.

Candidate Information:

First and Last Name: _____

Degree/Credentials (ex. RRT, MS): _____

Phone Number: _____

Email Address: _____

AARC/FSRC Membership:

AARC Membership Number and Expiration Date: _____

FSRC Membership Number and Expiration Date: _____

Employment Status:

Position Title: _____

Employer: _____

Employer Address: _____

Please indicate your position of interest:

☐

House of Delegate

☐

Treasurer

☐

Region Director (1, 3, 5 or 7)

For which region would you like to be considered? _____

**To see a breakdown of the regions, please [click here](#).*

Please list all elected and/or appointed positions within the FSRC and dates served:

Please list all professional board or committee positions with other organizations:

Candidate Biography: Please submit a brief biography (approximately one paragraph) with your application to be shared with voting members during the election process. Only information in this bio will be shared with the membership. A CV will not be accepted or used in place of a biography in paragraph form.

CV or Resume: Please attach a CV or Resume for review by the FSRC Nominations and Elections Committee. This document is for Board purposes only and will not be shared with the membership.

Nominator Information (please note you may self-nominate):

Name: _____

Nominator Phone: _____

Nominator Email Address: _____