

## Board and Examination Committee Show of Interest Form

**Are you interested in serving as a:**

Board Member \_\_\_\_\_ Examination Committee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ CPHQ Number \_\_\_\_\_

Highest education level \_\_\_\_\_ Years of experience in quality \_\_\_\_\_

Current Professional Practice \_\_\_\_\_

**Areas of Expertise** (Check all that apply)

Patient Safety  Data Analyst  Information Management  Practitioner (Non Managerial)  Educator (Staff Developer)  Academic Educator  Risk Management, Other \_\_\_\_\_

**HQCB expects the following from Board/Exam Committee members:**

- Systems Thinking and commitment to the Mission and Vision
- Experience-CPHQ and work experience to reflect the content outline
- Accountability- Follow through with Board and Exam Committee assignments- participation and accountability
- Team, Collaboration and Communication Skills ,Integrity and Ethics

1. As a quality professional, please explain how you will bring the above qualities to the HQCB Board/Exam Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you or have you served on any committees with NAHQ? \_\_\_\_\_ If yes, which ones

\_\_\_\_\_

3. Are you involved in State/Local Quality Association Activities?

\_\_\_\_\_

4. Do you have experience working as a volunteer?

\_\_\_\_\_

5. Please list two references regarding your professional and/or volunteer experience:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please return this form along with a copy of your CV to:**

HQCB-ATTN: Deborah Grooms, Executive Director  
PO Box 19604 • Lenexa, KS 66285 • E-Mail: info@cphq.org