



**OHIO PERSON-CENTERED
CARE COALITION**

Ohio Person-Centered Care Coalition
2018 Board Member Nomination Form:

Nominee's Name: _____

Licensure or other Credentials: _____

Contact Information: E-Mail: _____ Phone: _____

Mailing Address: _____

Related Employment/Volunteer Activities or Interests: _____

Skills and Abilities You Bring to the OPCCC Board: _____

Briefly describe your professional or personal commitment to Person-Centered Care: _____

Nominating Person: _____ Self: _____

Nominator's Contact Information: _____