



OHIO PERSON-CENTERED CARE COALITION

Ohio Person-Centered Care Coalition 2021-2022

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:
