



PATH Intl. Credentialing Council Candidate Consent to Serve

Candidate Information

I hereby consent to have my name submitted to the PATH Intl. Nomination Review Task Force in consideration for the PATH Intl. Credentialing Council voting representative position of (list your preferred position) _____ for the term of **January 1, 2024, through December 31, 2026.**

Full Name: _____ DOB: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Number of years as a PATH Intl. member: _____

Experience Related to Credentialing Council Tasks

Do you have any experience with the following?

- | | | |
|---|------------------------------|-----------------------------|
| Accreditation of a certification program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assessment design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Job task analyses (i.e., identifying candidate knowledge, skills and abilities) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Test item writing for exams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Analysis of test question performance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Analysis of test procedure performance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quality assurance compliance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Leadership Experience

(Use additional pages for organization names and contact info if necessary.)

Check all applicable boxes below.

Have served as board member for: PATH Intl. and/or professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

Have been board officer or
committee chairperson for:

PATH Intl. and/or professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

Have been committee member for: PATH Intl. and/or professional organization(s) similar to PATH Intl.

Organization: _____

Contact name: _____

Contact email: _____

No professional organization experience

I further consent to the PATH Intl. Nomination Review Task Force contacting the following two professional references to validate my qualifications for this position.

(NOTE: These references should be able to attest to your performance on/with committees and should not include relatives or the individual who nominated you.)

Reference #1

Name: _____ Position: _____

Organization: _____

Phone: _____ Email: _____

Reference #2

Name: _____ Position: _____

Organization: _____

Phone: _____ Email: _____

In 200 words or less, please describe your vision for the PATH Intl. Credentialing Council and your role on it. (NOTE: This will be published as your purpose statement in the election materials.)

- I have read the credentialing council charter and I am willing to accept the responsibilities of a credentialing council voting representative if elected. _____(Initial)
- I understand and am able to commit to the time and financial commitments (including travel expenses to annual in-person meeting) necessary to satisfy the responsibilities of a credentialing council voting representative if elected. _____(Initial)
- As a credentialing council member, I will agree to exercise:

Duty of Care — Each council member has a legal responsibility to participate actively in making decisions on behalf of the organization and to exercise their best judgment while doing so. _____(Initial)

Duty of Loyalty — Each council member must put the interests of the organization before their personal and professional interests when acting on behalf of the organization in a decision-making capacity. The organization’s needs come first. _____ (Initial)

Duty of Obedience — Council members bear the legal responsibility of ensuring that the organization complies with the applicable federal, state, and local laws and adheres to its mission. _____(Initial)

- I agree to be accepted for consideration for a voting representative position on the credentialing council. _____(Initial)
- I have enclosed a copy of my current curriculum vitae. _____(Initial)
- Are you willing to be assigned to an alternate voting representative position in the event there are excess nominees in your preferred category?

Yes No

If yes, please indicate alternate council voting representative positions below:

- Are you interested in serving as the Credentialing Council chair or an officer? Yes No
- I have completed this form in its entirety. _____(Initial)

Signature of Nominee: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AND NO LATER THAN NOVEMBER 5, 2023.

Email or fax completed form to:

ATTN: PATH Intl. Nomination Review Task Force
 Email: picc@pathintl.org
 Fax: (303) 252-4610