

VITAE INFORMATION SHEET

Office for which candidate is nominated: _____

Name: _____

State: _____

Current Employment: _____

Degrees: _____

Certification: _____

Please provide information in the following categories according to the number of lines provided:

Professional Association Memberships

Elected/Appointed Positions in
Professional Associations

Other Professional Activities

Honors & Awards

What do you see as the goals for the Council over the next three years, and how would you accomplish these goals? Please limit your response to 250 words or less.

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I hereby consent to serve if elected as an officer of CSAP.

Signature of Nominee