



Ohio MGMA Candidate Profile Form & Statement of Agreement

Please return Candidate Profile form to the Ohio MGMA Office by faxing to (770) 516-2459 or by scanning and emailing to main@ohiomgma.com.

Information contained on this page may be disseminated to the membership along with the Election Ballot.

Candidate Name: _____

Certification (s): _____

ACMPE Affiliation: ___ None ___ Nominee ___ CMPE ___ Fellow

Company: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

Length of Membership: _____ Ohio MGMA _____ National MGMA

Other Healthcare Organization (please list) _____

How Many conferences have you attended during the past three years?

_____ Ohio MGMA Conferences

_____ National MGMA Annual Conference

What committee or leadership positions have you held in Local/County Medical Associations or Ohio MGMA?
(List each individually along with the term of service)

Term

Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In the space provided, please write a brief statement describing your contribution to Ohio MGMA, if elected to the leadership position to which you are nominated.
