

West Virginia Alliance for Creative Health Solutions, Inc.

Network Participant Nomination Form

The WVACHS nominating committee invites you to submit nominations for WVACHS Network Participants. Network Participants accepted into the WVACHS will lead and/or participate in research projects and other activities conducted by WVACHS to meet its mission and goals. Network Participant applications will be reviewed and considered by the WVACHS Nomination Committee and nominees will be informed in writing.

Who is Eligible?

All candidates must: 1) Have a background and/or current professional role in a health-related field and/or involve health-related research experience; 2) Skill set should be consistent with WVACHS values of relevance, engagement, synergy, mutual respect, collaboration and creativity; 3) Readiness to actively participate in research and engage in fundraising, potentially including immediate involvement with existing WVACHS projects; and, 4) Commitment to health-related research in West Virginia and/or Appalachia.

How to Recommend Nominees

You may nominate yourself or others. Please use the attached nomination form to suggest nominees. Be sure to include accurate contact information for the nominee. Send completed nomination form and additional required information by email to:

April Vestal, WVACHS Nominations Chair

Email: avestal@hsc.wvu.edu

Nomination Process

The nominating committee, after receipt and review of nomination forms, will review nominee applications and notify candidates in writing once a final decision is made.

For more information about the WVACHS, go to <https://www.wvachs.org> or call Adam Baus at (304) 276-3785. Thank you for your interest in the WVACHS.



WVACHS Network Participant Nomination Form

In addition to the completed information below, please provide:

- A copy of your CV or resume
- A short bio (250 words or less)

You may nominate yourself or others. If nominating others, as a courtesy please check with the person you are nominating to ensure they are willing and able to serve the position prior to submitting their information.

Nominee Information

Nominee Name: _____

Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Title/Position: _____

Employer: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

What do you see as your potential involvement, or the potential involvement of your nominee, in the work of the WVACHS?

Please send completed nomination form, CV/resume and bio by email to:

April Vestal, WVACHS Nominations Chair
Email: avestal@hsc.wvu.edu

Thank you for your interest in the WVACHS!