



## ***Indiana Society of Cardiopulmonary Rehabilitation Board of Directors – Service Application***

The Indiana Society of Cardiopulmonary Rehabilitation is pleased to announce upcoming elections for members of the Board of Directors. Qualification for the Board of Directors consists of:

- ◆ Current ISCVPR member for at least one consecutive year
- ◆ Must be committed to the ISCVPR mission and vision
- ◆ Must be willing to make a time commitment to work on behalf of ISCVPR
- ◆ Attend Board of Directors meetings quarterly

All applications will be reviewed by the ISCVPR nominating committee. After approval from the nominating committee, elections by ISCVPR membership will take place 30 days before the annual meeting

Name: \_\_\_\_\_ Credentials \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Current Job  
Responsibilities: \_\_\_\_\_

Years of ISCVPR Membership \_\_\_\_\_ AACVPR Member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Involvement in ISCVPR  
\_\_\_\_\_  
\_\_\_\_\_

Why do you desire to become a member of ISCVPR Board of Directors?  
\_\_\_\_\_  
\_\_\_\_\_

What skills, abilities, or attributes do you feel you can contribute to ISCVPR?  
\_\_\_\_\_  
\_\_\_\_\_

What do you view are the two greatest challenges for ISCVPR and Cardiopulmonary Rehabilitation?  
\_\_\_\_\_  
\_\_\_\_\_

What do you recommend as a solution to one of these issues?  
\_\_\_\_\_  
\_\_\_\_\_

What is your vision of ISCVPR?  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest to meeting the above stated qualifications for ISCVPR Board of Directors.

I verify that all information contained within this application is accurate.

Signature: \_\_\_\_\_ (esignature accepted)

Please return to: Darrika Van at [ddvan2005@gmail.com](mailto:ddvan2005@gmail.com)