**Healthcare Administration Professional Advisory Group**

**(HAPAG)**

**SELF-NOMINATION FORM for 2017 Voting Membership**

The Healthcare Administration Professional Advisory Group (HAPAG) provides advice to the Office of the Surgeon General through the Health Services Professional Advisory Committee (HS-PAC) and the Health Services Chief Professional Officer on professional and personnel issues related to healthcare administration. Selections are based on the nominee's commitment to public health activities and specified criteria in the HAPAG Bylaws (e.g., organizational, discipline, gender, and minority representation).

I am interested in serving on the HAPAG voting membership for a 3-year term beginning January 1, 2017. If selected, I understand that I must obtain agency support to participate approximately twelve scheduled meetings per year (depending on my duty station location, teleconferencing may be arranged to attend these meetings with permission of the HAPAG Chair). I understand that voting members are expected to Chair a HAPAG committee, serve on the HAPAG executive committee, or lead other activities as deemed necessary by the HAPAG Chair. Also, as a voting member I agree to participate and/or lead HAPAG subcommittees.

I have included a copy of my, basic readiness screen shot, current CV with summary sheet (must be in the current HS Category-specific format), and a cover letter describing how my specific experience and expertise can add value to the HAPAG.

**Rank and Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ PHS Serial #:\_\_\_\_\_\_\_**

**DUTY STATION ADDRESS:**

**Operating Division/Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institute/Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building: \_\_\_\_\_\_\_\_ Room:\_\_\_\_\_\_**

**Mail Stop:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Duty Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:****\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***HAPAG ACTIVITIES / SUBCOMMITTEES OF INTEREST TO ME: (Please check)***

**\_\_\_\_\_ Awards \_\_\_\_\_ Career Opportunities and Professional Development**

**\_\_\_\_\_ Communication \_\_ \_\_\_ Membership \_\_\_\_\_ Policy**

**Nominee's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR'S APPROVAL:** I understand that the HAPAG serves as an advisory committee to the Office of the Surgeon General and the Health Services Chief Professional Officer on professional and personnel issues of interest to healthcare administration officers. Serving on the HAPAG is a 3-year commitment which involves attending at least twelve meetings via teleconference or in person and participating in various HAPAG activities and subcommittees.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Email your scanned application package to include signature page, copy of basic readiness screen shot, current CV with summary sheet, and cover letter. Please provide your completed application package in **one email** with attachment(s) to LCDR Allyson Alvarado and LCDR Evan Spencer by COB Thursday, June 30, 2016. It is preferred that your documents be in PDF or MS Word. Screen shot of basic readiness status is needed to confirm an applicant meets OFRD basic readiness requirements.

# Nomination packages will not be considered unless all items are submitted; notification of receipt will be sent to you by LCDR Allyson Alvarado and LCDR Evan Spencer.

# NOMINATIONS MUST BE RECEIVED BY: June 30, 2016

**The selection announcements for the 2016 HAPAG voting membership will be made no later than September 30, 2016.**

LCDR Allyson Alvarado

Co-Chair HAPAG Membership Subcommittee

Email: axalvarado@bop.gov

LCDR Evan Spencer

Co-Chair, HAPAG Membership Subcommittee

Email: espencer@hrsa.gov