

**CANDIDATE PROFILE
FOR POSITIONS ON THE EXECUTIVE COMMITTEE 2023
SOUTH CAROLINA MEDICAL GROUP MANAGEMENT ASSOCIATION**

RETURN BY 5:00 PM EST JULY 22, 2022 ALONG WITH A PHOTO OF CANDIDATE

- Via Mail: SC Medical Group Management Association
Attn: Cindy Ott, Executive Director
1195 St. Matthews Road, PMB 313
Orangeburg SC 29115
- Via E-mail: cindyott63@gmail.com

Curriculum vitae, bio sketches and resumes will not be accepted as a replacement for this form.

NOTE: This form must also be accompanied by:

- 1) A personal letter of commitment, indicating your consent to serve in the position.
- 2) A letter of support from your Chapter President.

POSITION YOU ARE BEING NOMINATED FOR (Check one):

Governor-Elect Secretary Treasurer Committee Chair

PROFESSIONAL INFORMATION

1. Name:
2. Title:
3. Company:
4. City & State: _____ E-mail: _____
5. Phone: _____ (work) _____ (home)
6. Years in Current Position:
7. Previous Position and Dates:
8. Education/Highest Degree Earned:
9. Years in medical group management:
10. Years as an SCMGMA member:
11. Are you an MGMA member : Yes No
12. Do you have an ACMPE affiliation : Nominee CMPE Fellow

EMPLOYER INFORMATION

14. Group size:
15. Group type: Single specialty Multispecialty
 Other, please explain (Consultant, etc.): _____

16. Operating budget:
17. Board Member Obligations: An SCMGMA executive committee member is expected to attend the following activities (not including travel time): (a) SCMGMA State Board Meetings which meet monthly virtually with four meetings occurring during the year in person; (b) the annual conference and board retreat during 2023 at designated dates and location; (c) the Annual Conference Planning Committee Meetings which meet in conjunction with the state board meetings monthly, and at other times as deemed necessary; and (d) the Governor and Governor-Elect may attend the Council of State Leaders (COSL) during the national Leadership Conference and the national MGMA conference at designated dates to

represent South Carolina MGMA. Reasonable travel expenses and registration fees for any required meetings will be paid by the SCMGMA.

18. Are you willing to accept this time commitment?
o Yes o No

SCMGMA INVOLVEMENT

19. Please list any SCMGMA state board positions held:
20. Please list any positions held on the Chapter level:
21. Please list any honors or awards received on the state or chapter level:
22. If you have participated on the national level, indicate the level of participation:

OTHER LEADERSHIP INVOLVEMENT

23. Describe achievements and/or contributions to the field of medical practice management.
24. Involvement with charitable organizations: Describe achievements and/or contributions to charitable organizations. Include leadership positions held, honors and awards received. Please list dates.
25. Civic/community activities: Describe achievements and/or contributions to civic and/or community organizations. Include leadership positions held, honors and awards received. Please list dates.
26. How do you see yourself accomplishing the mission of the SCMGMA?
27. What opportunities do you see ahead for SCMGMA?
28. Please describe the contribution(s) you could make as an SCMGMA Executive Committee member.

Your Name Printed: _____

Signed: _____ Date: _____

Email Address: _____ Phone Number: _____