



NAME BOARD OF DIRECTORS NOMINATION FORM – 2026 ELECTION

Check the Nomination Position Below:

President-Elect: (3-year term) The President-Elect will be expected to fulfill a three-year Board commitment. It is an initial one-year term that transitions to a one-year term as NAME President, followed by a final one-year term as the Immediate Past President of NAME.
Secretary (for 2-year appointment term consideration)
Region 1 State Medicaid Agency (3-year term)
Region 2 Local Education Agency (3-year term)
Region 3 State Education Agency (3-year term)
At-Large State Medicaid Agency (3-year term)

Nominee Name	
Place of Employment	
Email	
Telephone Number	

Name, email, and telephone number of nominator (if different from nominee)

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**By providing this information, you are ensuring the prospective candidate is aware of the nomination and agrees to be nominated. You may nominate yourself.*

A brief biography or resume must be submitted for the candidate(s) to be considered. Please ensure the biography or resume identifies the candidate’s experience with school-based Medicaid and NAME.

Please also complete the following information:

- Years of service in the field of school-based Medicaid as a service provider or administrator:_____
- How many years of service have you given to NAME?_____
- How many years have you been a NAME member_____
- Have you previously been on the Leadership Team or served on any committees?_____
 - If so, which committee and how many years served?
- Have you served with any other relevant organization and if so, which organizations?
- Are you a current member of any of these organizations and if so, which ones?

Please submit this completed Nomination Form to Randy Queen, NAME Nominating Committee Chair, at rqueen@rcps.us by April 24, 2025.