

## Board Director Nomination: Application Form

### Personal Information

Name:

Email address:

Phone number:

Address:

Total Years in Practice:

Years in practice in BC:

Area of Practice: Family Physician or other Specialist (please name specialty)

or Public Director (non-physician):

Currently using an EMR? Yes    No    Please note which system you use:

### Brief Resume

Please provide a brief list of your professional history, including practice history, offices held, previous or current committee memberships, papers written, community activities etc. You should only describe activities that are relevant to the skills and attributes for position for which you are applying (see the skills matrix). (*maximum 500 words*)

Please also include how you heard about this opportunity to sit on our Board of Directors?

Please attach your CV to supplement this summary.



Better Information. Better Care. Better Patient Outcomes.

### **Self-Evaluation Matrix**

Please rate your background in terms of the priority attributes and describe your relevant experience.

- 1 = None (no direct or relevant experience in this area)
- 2 = Minimal (little direct or relevant experience in this area)
- 3 = Basic (some limited and relevant experience in this area)
- 4 = Skilled (significant direct and relevant experience in this area)
- 5 = Expert (expert in role, function, or area of knowledge)

Priority Attributes Sought	Self-rating	Relevant Experience
Leadership experience and proven skills in physician engagement		
Strategic knowledge of healthcare dynamics and relationships		
Willingness to champion and promote the HDC, utilizing positive relationships		
Organizational strategy and planning experience in the technology sector		
Passion and experience in Quality Improvement (QI)		
Understands a learning health system		
Use of an EMR as a practicing physician or within your Division		

**Brief Narrative**

Provide a brief narrative on your interest in the HDC and why you should be appointed to the Board by addressing your attributes in relation to the competencies required. Are you a current HDC user, and if so how are you using it currently?

**Existing Appointments**

List below all committees or organizations of which you are a member. Do any of these committees or organizations create a conflict of interest that would need to be mitigated?

**References**

Please provide 2 references for your self-nomination.

1) Name:

Telephone Number:

2) Name:

Telephone Number:

By submitting this application, I confirm that I have read and understood:

- HDC Board Director Responsibilities;
- HDC Confidentiality and Conduct Policy;
- and that contents from this application will be shared in whole or in part with the HDC membership to inform election of Board members at the HDC Annual General Meeting.

**Please email this form, along with your CV, attention to: Gayle Grout at [hdcmeetings\[at\]hdcbbc.ca](mailto:hdcmeetings[at]hdcbbc.ca) by June 13, 2025.** The HDC Nominations Sub-Committee will be in touch with you in June; the election will be Sept. 25, 2025 at the AGM.