



Better Information. Better Care. Better Patient Outcomes.

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 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 attach your CV to supplement this summary.



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Self-Evaluation Matrix

Please rate your background in terms of the priority attributes and describe your relevant experience. You are not expected to rate highly in all attributes.

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:	Please describe your relevant experience:
Passion for Quality Improvement, and understands a learning health system		
Leadership experiences, engagement skills and positive relationships across the physician community		
Strategic knowledge of provincial health system dynamics and relationships		
Is an OSCAR EMR user, and willing to be an advocate within that community		
Business experience in successfully scaling up a technology organization		
Financial governance experience/acumen		
Understanding of technology and data		
Change management		
Research and informatics experience		

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.

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;
- Conflict of Interest Policy and Declaration Form;
- Confidentiality 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, to:
Kate Fagan Taylor at kate.fagantaylor@hdcbc.ca by May 25, 2019.**