Health Data Coalition

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 Physicianor 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.

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
Willingness to champion and promote the HDC, utilizing positiverelationships		
Organizational strategy and planning experience in the technology sector		
Passion and experience in QualityImprovement (QI)		
Understands a learning health system		
Strategic knowledge of healthcare dynamics and relationships		
Use of an EMR as a practicing physician		
Leadership experience and proven skills in physician engagement		

Brief Narrative

Provide a brief narrative on your interest in the HDC and why you should be appointed to the Board by addressing your attributesin 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 interestthat 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]hdcbc.ca by June 17, 2022.
The HDC Nominations Sub-Committee will be in touch with you in June; the election will be Sept. 22, 2022 at the AGM.