# Information Sheet

Please complete the following information and send to: ncrtaboardofdirectors@gmail.com

Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials: NC Licensure: \_\_\_ Yes \_\_\_ No If yes, licensure number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 National Certification: \_\_\_ Yes \_\_\_ No If yes, certification number: \_\_\_\_\_\_\_\_\_\_\_\_

Please record any other credentials here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of NCRTA? \_\_\_ Yes \_\_\_ No \*\* If No, please go to [www.ncrta.org](http://www.ncrta.org) and join today. You must be a member to apply for a board position.

Board position running for:

Academic Preparation:

Current employment:

Contributions to NCRTA and the profession:

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Candidate statement for ballot – why would you like to serve on the Board? (max 750 words)

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My signature attests that the information provided on this form is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Candidate Date