

**UPPER SAN JUAN HEALTH SERVICE DISTRICT
DOING BUSINESS AS PAGOSA SPRINGS MEDICAL CENTER
SELF-NOMINATION AND ACCEPTANCE FORM
FOR VACANCY ON THE BOARD OF DIRECTORS**

C.R.S 1-13.5-303; 32-1-103(4); 1-45-109(1); 1-45-110; SOS CPF Rule 16; 1-4-908(1), 1-4-912

Nominee's full name: _____

Nominee's residence address: _____

Nominee's mailing address (*if different*): _____

Nominee's email address: _____

Nominee's phone number: _____

- I, _____, hereby nominate myself and accept such nomination for the office of Board Director of the Upper San Juan Health Service District.

- I, _____, affirm I am an eligible elector of the USJHSD District as follows:
 - I am registered to vote in Colorado; AND
 - I am a resident of the USJHSD District, or I (or my spouse) am the owner of taxable real or personal property situated within the USJHSD District. *If the qualifying property in the District is in my spouse's name, his/her full name is:*

- I, _____, affirm that if I am appointed to serve as Director:
 - I agree the period of appointment is from the date of appointment by the USJHSD Board through May 03, 2022, which is the remaining term vacated by former director Dr. King Campbell.
 - I am eligible, qualified and will serve the period of appointment.

Nominee's signature: _____
Date: _____

Witness (*by an eligible elector of the District*) signature: _____
Date: _____

Witness residence address: _____

Received by PSMC (name/date/time): _____

BOARD APPLICANT STATEMENTS OF QUALIFICATIONS AND INTEREST

1. Please tell us about your general experience qualifications serving in a board leadership role, business oversight, financial planning/review and in healthcare:

2. Please state your specific experience qualifications on PSMC’s Board, committees, planning groups, or as a volunteer:

3. Please state the reasons for your interest in serving on the PSMC Board:
