

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 4, 2027, which is the remaining term vacated by former director Kathy 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:
