

TSHA Officer Nominee Vitae Form

Name (exactly as you want it on the ballot): _____

Current Employer: _____

Your title: _____

Degree _____ Date _____

University _____

Degree _____ Date _____

University _____

Degree _____ Date _____

University _____

Professional Association Memberships: _____

TSHA Elected & Appointed Positions (name of Task Force, Committee, Elected Office, and dates served):

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

ASHA Elected & Appointed Positions (name of Task Force, Committee, Elected Office, and dates served):

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Position _____ Date Served _____

Other Professional Activities (Activities might include (a) elected or appointed positions in regional speech-language-hearing associations, (b) representative on professionally related boards and committees including advisory boards and committees, (C) participation on interdisciplinary teams, (d) grants received, (3) participation in professionally associated local organizations such as stroke clubs. Include name of organization and dates):

1) _____

2) _____

3) _____

4) _____

5) _____

Honors & Awards (Limited to those professional awards and honors received since completion of college. List title of award, organization and date.)

Organization _____

Title of Award _____ Date _____

Organization _____

Title of Award _____ Date _____

Organization _____

Title of Award _____ Date _____