

# 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 \_\_\_\_\_