

**POHMS BOARD OF DIRECTORS
MEMBER PROFILE**

PROFESSIONAL INFORMATION

1. Name:
2. Title:
3. Company:
4. City & State: E-mail:
5. Phone:
6. Years in Current Position:
7. Previous Position and Dates:
8. Education/Highest Degree Earned:
9. Years in medical group management:
10. Years as an POHMS member:

EMPLOYER INFORMATION

14. Group size:
15. Group type: Single specialty Multi-specialty
 Other, please explain (Consultant, etc.):

POHMS INVOLVEMENT

16. Please list POHMS positions and dates:
17. Please list service on POHMS committees or task forces, positions held (member, chair), and dates:

OTHER LEADERSHIP INVOLVEMENT

18. Describe achievements and/or contributions to the field of medical practice management.

19. Involvement with Charitable Organizations: Describe achievements and/or contributions to charitable organizations. Include leadership positions held, honors and awards received. Please list dates.
20. How do you see yourself accomplishing the mission of POHMS?
21. What opportunities do you see ahead for POHMS?
22. Please describe the contribution(s) you could make as a POHMS leader.
23. List all other affiliations (insurance carriers, pharmaceutical company). Own company