

**VITAE INFORMATION SHEET**

Office for which candidate is nominated: \_\_\_\_\_

Name: \_\_\_\_\_

State: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Degrees: \_\_\_\_\_  
\_\_\_\_\_

Certification: \_\_\_\_\_  
\_\_\_\_\_

Please provide information in the following categories according to the number of lines provided:

Professional Association Memberships

Elected/Appointed Positions in  
Professional Associations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Professional Activities

Honors & Awards

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the goals for the Council over the next three years, and how would you accomplish these goals? Please limit your response to 250 words or less.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby consent to serve if elected as an officer of CSAP.

\_\_\_\_\_  
Signature of Nominee