



# PATH Intl. Credentialing Council Candidate Nomination Form

## Nominee Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last*                            *First*                            *M.I.*

Address: \_\_\_\_\_

---

*City*                    *State*                    *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

## Nomination Details

Credentialing Council voting representative position for consideration:

### Past and current participation in PATH Intl.:

Qualifications for position:

---

---

---

---

Briefly state any reasons not already stated in the sections above why you are nominating this individual:

---

---

---

---

*To your knowledge, does the nominee have any experience with the following?*

Accreditation of a certification program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Assessment design	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Job task analyses (i.e. identifying candidate knowledge, skills and abilities)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Test item writing for exams	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Analysis of test question performance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Analysis of test procedure performance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Quality assurance compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

*To your knowledge, does the nominee have any leadership experience in the following:*

Has served as a board member for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
Has been board officer or committee chairperson for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
Has been committee member for:	<input type="checkbox"/> PATH Intl. and/or <input type="checkbox"/> professional organization(s) similar to PATH Intl. <input type="checkbox"/> Unsure
	<input type="checkbox"/> No professional organization experience to my knowledge

Name of individual nominating this candidate: \_\_\_\_\_

I have contacted the nominee and notified him/her of this nomination:  Yes  No

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AND NO LATER THAN  
July 13, 2018**

**Email or fax completed form to:**

ATTN: PATH Intl. Nomination Review Task Force

Email: [picc@pathintl.org](mailto:picc@pathintl.org)

Fax: (303) 252-4610