

**NORTH CAROLINA MEDICAL SOCIETY  
NOMINATION FORM**

**Date:** \_\_\_\_\_ **NCMS Position Applied For:** \_\_\_\_\_

**Please provide a copy of your CV.**

**1. Candidate Name:** \_\_\_\_\_

**2. Is this nomination made by a recognized component society, specialty society or section? If so, indicate here:**

\_\_\_\_\_

**2. Current Employment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. References: (Submit three letters of endorsement)**

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\_\_\_\_\_

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**4. Comments:**

\_\_\_\_\_

\_\_\_\_\_

**I desire to be considered by the Nominating Committee and Leadership Development Committee for the above office.**

\_\_\_\_\_

**Signature of Candidate**

\_\_\_\_\_

**Date**

**RETURN TO:**  
Evan Simmons  
North Carolina Medical Society  
PO Box 27167  
Raleigh, NC 27611-7167  
[esimmons@ncmedsoc.org](mailto:esimmons@ncmedsoc.org)