

**NORTH CAROLINA MEDICAL SOCIETY
2018 NOMINATION FORM**

Date: _____ NCMS Position Applied For: _____

Please provide a copy of candidate's CV.

1. Candidate's name: _____

2. If this nomination is made by a recognized component society, specialty society or section, please identify the nominating entity here:

3. Candidate's current employment:

4. Candidate's references: (Submit three letters of endorsement)

5. Comments:

6. Candidate's attestation:

I desire to be considered by the Nominating 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