**MASSACHUSETTS SOCIETY OF ANESTHESIOLOGISTS, INC.**

**SELF-NOMINATION FORM 2023**

This form is to be completed by individuals seeking a position on the 2023 election ballot. Submit this form along with a copy of your curriculum vitae, by email or fax by midnight ET on **Wednesday, February 1, 2023.**

**POSITION(S) SOUGHT:**

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

***About Open Positions for the 2023 election:***

**·        Vice President**: Assist the President and President-Elect in the performance of duties including presiding at society meetings and other meetings in their absence.

·      **Secretary**: Officially correspondent with the American Society of Anesthesiologists on various components, maintaining roster, encouraging membership, working with Program Directors at training centers, supervising and handling Society documentation, and serving as recording secretary.

·        **Treasurer**: Act as the official custodian and authoritarian of payments, submit a proposed budget at each annual meeting, and present the treasurer's report at Executive Committee meetings.

**·        ASA Delegate** (3 positions): Represent this Society in the House of Delegates of The American Society of Anesthesiologists and whenever possible counsel with the officers of this Society on all matters pending in the House of Delegates of The American Society of Anesthesiologists in the interest of making certain that actions taken by that body are in accord with the best interests and desires of this Society.

·        **ASA Alternate Delegate** (10 positions): Asked to fill in when a Delegate is unable to attend the ASA House of Delegates or fulfill their duties. They also may serve the ASA House of Delegates as tellers.

·        **MSA District Representatives** (1 position for each District – 9 Districts – According to U.S. Congressional District): Represent the membership of the district at Executive Committee meetings as well as council and report updates to district members.

**·        MSA Alternate District Representative** (1 position for each District – 9 Districts – According to U.S. Congressional District): The Alternate District Representative shall represent the District Representative and their District when requested to do so by the District Representative.

*\*For current Executive Committee members that are up for re-election, you* ***must*** *complete this form by the deadline to be considered for a position.*

**PROFESSIONAL INFORMATION:**

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

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

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

 Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(If different than above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 U.S. Congressional District or Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hospital/ Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of years as a member of MSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of years as a member of ASA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELF-NOMINATION INFORMATION:**

1. Reasons for seeking specific position:
2. Qualifications for the specific position:
3. Noted Achievements/Experience/Credentials which support your nomination:
4. Other information you would like us to consider for your nomination:
5. Would you consider a different position than the one currently sought if the Committee on Nominations recommended you for it? YES or NO

**Note:** This self-nomination information will primarily be utilized by the Committee on Nominations. If needed, it may also be shared with the Executive Committee for final ballot selections, or with the membership in the event of a contested election.

**THANK YOU FOR YOUR INTEREST IN MSA!**

MSA Committee on Nominations

Nicholas Kiefer, MD (Chair)

Maitriyi Shah, MD

Nathan Jones, MD

Please email your nomination form and CV to **MAAnesthesiologists@mms.org**