**Deadline: 12:00 Noon, Monday, April 7, 2025**

The Nominating Committee is now accepting nominations for positions on the ILAPPS Board of Directors.

**Open Positions for Nominations**

* President-Elect (1-year term)
* Vice-President (1-year term)
* Treasurer (1-year term)
* Secretary (1-year term)
* Five Directors at Large (1-year term each)

All members in good standing are eligible to run for these voluntary positions. Members may self-nominate or be nominated by another member in good standing. The President-Elect succeeds to President, and the President to Immediate Past President, per the Bylaws.

**Nomination Process & Deadline**

Candidates (including incumbents) must submit:

* A written request stating the position sought
* A CV including current and impending practice, work, and business relationships
* A picture
* A statement of interest explaining why you are seeking the position

Submit via email or fax to the Nominating Committee by 12:00 Noon, Monday, April 7, 2025. The Committee will submit its slate to the Board of Directors for approval, with publication at least 60 days prior to the annual meeting (by April 14, 2025). Nominations received after the deadline will not be considered.

**Elections**

Elections will occur at the Annual Business Meeting on Friday, June 13, 2025, at the Hyatt Place in Rosemont.

**Deadline: 12:00 Noon, Monday, April 7, 2025**

**Submission Details**
Please send your nomination materials (written request, statement, CV, and photograph) to:
Illinois Association of Podiatric Physicians & Surgeons
Attention: Dr. Peter Lovato, Chair, Nominating Committee
Email: dturcotte@ilapps.org
Fax: 312-427-5813

**NOMINATION FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 President Elect, Vice President, Secretary, Treasurer, Director at Large,

 APMA Delegate

\_\_\_\_\_Self Nomination

 or

Nominated by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please print Signature

Membership on ILAPPS Committees, please list with dates:

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Please include a current CV and picture. Also, please include a statement of why you would like to run.

My signature indicates that I am submitting my name for consideration by the Nominating Committee or that I have accepted my nomination by a colleague. I understand that submission of this form is not a guarantee that I will be slated for a position. I understand that election to the position I’m seeking requires significant time commitment from me. This commitment will include not only attendance at quarterly board meetings but also the time needed to prepare for the meeting. I understand I will be expected to attend ILAPPS programs and functions and may be asked to represent the ILAPPS at events such as political fund-raisers, health fairs, walks and such.

I understand that I also will be expected to sign a confidentiality agreement and a conflict-of-interest statement.

If I am elected to the ILAPPS Board of Directors, I understand that I must be able to communicate electronically, as board and other materials related to ILAPPS business are sent primarily via email; that I will need to check my email at least daily for messages from the ILAPPS and that I will need to respond quickly to critical issues.

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Your signature Date

Return this form to by **12:00 Noon, Monday, April 7, 2025,** to:

**Illinois Podiatric Medical Association**

**Attention: Dr Peter Lovato
 Chair, Nominating Committee**

**Email:  dturcotte@ilapps.org**

**FAX:  312-427-5813**

Nominations received after 12:00 Noon, Monday, April 7, 2025, will not be considered.