# Call for Nominations for AIANCOAC Membership

The American Indian and Alaska Native Commissioned Officer’s Advisory Committee (AIANCOAC) is seeking officers who are interested in serving on this committee starting January 2017 for a three-year term. Self-nominations are encouraged. Travel is not required for this committee. Please complete the self-nomination form below and e-mail, mail or fax it to the contact provided. Nominations must be received by August 5, 2016.

## 2017-2019 AIANCOAC Self-Nomination Form

I am interested in serving on the AIANCOAC. Both my supervisor and my Operating Division understand that by signing this form I have their endorsement to be an active member and to fully participate. They understand that service on this committee is for a three year term and involves a time commitment of at least 2 hours per month (1 hour a month to participate in a conference call and one hour for preparation and sub-committee activities). If elected to leadership for the committee, the time commitment may be even greater. A copy of my cover letter and current curriculum vitae (CV) are attached. Submission of this form does not guarantee me a seat on the committee. Those interested in Advocate status only; please indicate Advocate Program below. Supervisor’s endorsement and CV are not required for Advocacy status.

Name: Category: Rank/Grade:

OPDIV: Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

E-mail: Tribal Affiliation (optional)

Work Phone: Fax :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Endorsement:

(Endorsement required for committee membership)

I attest that the foregoing is true and that I meet the basic readiness standards of the USPHS:

Signature: Date:

If not selected for committee membership, I would be interested in assisting the committee on the following issues:

[ ]  Awards

[ ]  Cultural

[ ]  Mentoring and Career Development

[ ]  Charter

[ ]  Fundraising

[ ]  Recruitment and Retention

[ ]  Communications

[ ]  Membership/Nominations

[ ]  Advocate Membership

### Due Date: August 5, 2016

Please return completed form and CV to:

LT Erica Zimprich

AIANCOAC Membership Subcommittee Chair

Ft. Thompson IHS Pharmacy

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Fax: (605) 245-2384

E-Mail: Erica.Zimprich@ihs.gov

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