

Healthcare Administration Professional Advisory Group (HAPAG)

SELF-NOMINATION FORM for 2011 Voting Membership

The Healthcare Administration Professional Advisory Group (HAPAG) provides advice to the Office of the Surgeon General through the Health Services Professional Advisory Committee (HS-PAC) and the Health Services Chief Professional Officer on professional and personnel issues related to healthcare administration. Selections are based on the nominee's commitment to public health activities and specified criteria in the HAPAG Bylaws (e.g., organizational, discipline, gender, and minority representation).

I am interested in serving on the HAPAG voting membership for a 3-year term beginning January 1, 2011. If selected, I understand that I must obtain agency support to participate in at least six scheduled meetings per year (depending on my duty station location, teleconferencing may be arranged to attend these meetings with permission of the HAPAG Chair). Also, as a voting member I agree to participate in HAPAG subcommittees.

I have included a copy of my current CV with summary sheet and a cover letter describing how my specific experience and expertise can add value to the HAPAG.

Rank and Name: _____ **PHS Serial #:** _____

DUTY STATION ADDRESS:

Operating Division/Program: _____

Institute/Center: _____

Division/Program: _____ **Building:** _____ **Room:** _____

Mail Stop: _____ **Street:** _____

City: _____ **State:** _____ **Zip:** _____

Duty Phone: _____ **FAX:** _____

E-Mail Address: _____

HAPAG ACTIVITIES / SUBCOMMITTEES OF INTEREST TO ME: (Please check)

Awards Career Opportunities and Professional Development
 Communication Membership Policy
 Recruitment/Retention

Nominee's signature: _____ **Date:** _____

SUPERVISOR'S APPROVAL: I understand that the HAPAG serves as an advisory committee to the Office of the Surgeon General and the Health Services Chief Professional Officer on professional and personnel issues of interest to healthcare administration officers. Serving on the HAPAG is a 3-year commitment which involves attending at least six meetings via teleconference or in person and participating in various HAPAG activities i.e. subcommittees.

Supervisor's Signature: _____ Date: _____

Email your scanned application package to include signature page, CV and cover letter. Please provide your completed application package in one email with attachment(s) to CDR Gusto. It is preferred that your documents be in PDF or MS Word.

Nomination packages will not be considered unless all items are submitted; notification of receipt will be sent to you by CDR Gusto.

NOMINATIONS MUST BE RECEIVED BY: Friday, June 25, 2010

The selection announcements for the 2011 HAPAG voting membership will be made no later than the first week in November, 2010.

CDR John Gusto
Chair, HAPAG Membership Subcommittee
Hospital Preparedness Program
Office of Preparedness & Emergency Operations
Office of Assistant Secretary for Preparedness & Response
Department of Health and Human Services
Washington, DC
Email: john.gusto1@hhs.gov
Ph: (w) 202-245-0731, (cell) 703-463-7093