



Connecticut MGMA Candidate Profile Form

Candidate Name: _____

Certification (s): _____

ACMPE Affiliation: _____None _____Nominee _____CMPE _____Fellow

Company: _____

Title: _____

Phone: _____

E-mail: _____

Length of Membership: _____Connecticut MGMA _____National MGMA

Other Healthcare Organizations (please list)_____

Would you be willing to travel as a representative of CMGMA to out-of-state meetings? _____Yes_____No

How many conferences have you attended during the past three years?

_____ Connecticut MGMA conferences

_____ National MGMA Annual Conferences

What committee or leadership positions have you held in Local/County Medical Associations or Connecticut MGMA?

<u>Term</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____

In the space provided, please write a brief statement describing your contribution to Connecticut MGMA, if elected to the leadership position to which you are nominated.

Please return Candidate Profile to info@cmgma.org