

ASRC Election Nomination Form

Name: ___ Amy Owens _____

Email: ___ amy.owens@eamc.org _____

Phone (W): ___ 334-528-3794 _____ Phone (C): ___ 334-750-4073 _____

Place of Employment: ___ EAMC _____

Job Title: ___ Manager Respiratory Care Services _____

Office you are running for: ___ Treasurer _____

AARC #: ___ 9444103 ___ Active years as an AARC Member: ___ 18 ___

If elected, what would you do to improve the ASRC? _____ Continue to serve as needed for the Society. Promote the Respiratory Profession within the state. Participate in efforts to continue education and build relationships between other healthcare professions and Therapists.

What is your past experience serving the ASRC? What other boards you have served on and in what capacity? ___ Southeast District Representative, AARC PACT member for Alabama;

Speaker at conferences within the state. Camp WheezeAway Board

Alabama Lacrosse Association- Girls Development _____

Any other information:

*Feel free to include additional biographical information with this form, but please limit it to one additional page.

*This information is not required, but could result in your name not making the slated committee list due to lack of information.

Please have this information returned to elections committee by email no later than **Friday, July 13, 2018**. Please send to Ed Goodwin at pegoodwin@jsu.edu