



OFFICER AND TRUSTEE APPLICATION

APPLICATION & CV/RESUME MUST BE RECEIVED/POSTMARKED BY **OCTOBER 11, 2019**

**Mail application to: COA Nominating Committee
2415 K Street, Sacramento, CA 95816; or
Fax application to: 916.448.1423; or E-mail application to: loleary@coavision.org**

Name _____ Member Since _____
(Month/Year)

Mailing Address _____ COA Society _____

Phone Number _____ Fax Number _____ E-mail _____

COA BOARD OF TRUSTEES POSITION

Please mark the COA position for which you are applying:

- President President-Elect Secretary-Treasurer Trustee

Will you accept any officer or a trustee position for which you might be nominated and elected? Yes No

EXPERIENCE

1. Is your COA membership in good standing? Yes No

2. Number of years in practice in current community? _____ 3. Total years in practice? _____

4. Undergraduate college _____ Degree _____ Year _____

5. Optometric college _____ Degree _____ Year _____

6. Post-graduate college _____ Degree _____ Year _____

Note: If from another state, please revise answers to questions 7-12 accordingly.

7. Please indicate whether you have been (mark all that apply):

- A COA Society President - Year(s) _____
 A COA Society Committee Member – Committee(s)/Year(s) _____
 A COA Officer or Trustee - Year(s) _____ (Complete if applying for COA President or President-Elect)
 An AOA Committee Member – Committee(s)/Year(s) _____

8. Mark all COA statewide committees on which you have served and list the year(s) of service:

- California Optometry* Editorial Board; Year(s) Served _____ CVF Board; Year(s) Served _____
 Cal-OPAC; Year(s) Served _____ Communications Committee; Year(s) Served _____
 Finance Committee; Year(s) Served _____ Healthcare Delivery Systems Committee; Year(s) Served _____
 Education & Clinical Practices Committee; Year(s) Served _____ Judicial Council; Year(s) Served _____
 Legislation-Regulation Committee; Year(s) Served _____ Low Vision Rehabilitation; Year(s) Served _____
 LSCOA PAC; Year(s) Served _____ Membership Committee; Year(s) Served _____
 Nominating Committee; Year(s) Served _____ Optometrist of the Year Committee; Year(s) Served _____
 Presidents' Council Planning Committee; Year(s) Served _____
 Public Vision League; Year(s) Served _____ Recognition Subcommittee; Year(s) Served _____
 Sponsored Services Committee; Year(s) Served _____
 Other(s); Year(s) Served _____

SUPPORT OF THE ASSOCIATION

9. Please mark the following funds to which you have contributed over the past two years and amount contributed:

- CAL-OPAC: 2018 \$_____, 2019 \$_____ LSCOA-PAC: 2018 \$_____, 2019 \$_____
 AOA PAC: 2018 \$_____, 2019 \$_____ California Vision Foundation: 2018 \$_____, 2019 \$_____

10. Mark the COA legislative activities below you have supported over the past three years:

- Letter Writing Campaigns to Legislators Served as a COA Key Person
 Attendance COA Legislative Day Met with my State Legislator
 Phone Calls to Legislators Other (Please describe) _____

11. How often do you attend your local COA society meetings?

- 100% of the time 75% of the time 50% of the time 25% of the time
 I do not attend society meetings My society does not hold regular meetings

12. List the last COA OptoWest; Monterey Symposium; Presidents' Council; and, House of Delegates meeting as a delegate you attended:

OptoWest - Year _____ Monterey Symposium - Year _____
 Presidents' Council - Year _____ COA HOD - Year _____

ADDITIONAL EXPERIENCE/REFERENCES

13. Please list any research conducted and optometric books or articles authored; appointed or elected governmental office held; professional public service activities in which you have engaged; community organization membership/offices held; awards and professional honors; and any other information about yourself applicable to the position you seek (attach additional sheets if needed). **Also**, please list two references and their contact information.

_____ Year(s) _____

_____ Year(s) _____

_____ Year(s) _____

_____ Year(s) _____

_____ Year(s) _____

_____ Year(s) _____

_____ Year(s) _____

Reference: _____

Name	Occupation/Position	Location	Phone	E-mail
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Reference: _____

Name	Occupation/Position	Location	Phone	E-mail
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OTHER

14. Have you ever been cited by the State Board of Optometry for a violation of the Optometric Practice Act or related rules governing professional conduct or been found in violation of the COA or AOA Code of Ethics? ___ Yes ___ No
 If "yes," please attach an additional sheet explaining the nature of the violation.

By my signature below, I attest that the information contained in this application is true, correct and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

CURRENT RESUME OR CURRICULUM VITAE MUST BE RETURNED WITH THIS APPLICATION.

**INTERVIEWS WILL BE CONDUCTED FRIDAY, NOVEMBER 15, 2019,
 AT THE MONTEREY MARRIOTT HOTEL IN CONJUNCTION WITH MONTEREY SYMPOSIUM**