

## **Florida HIV/AIDS Comprehensive Planning Network Member Nomination Procedure**

To expedite nominations submitted by local partnerships for recommendation to an FCPN position, it is requested that all of the required information be submitted together.

To nominate an individual for a position, the following documentation is required unless specified otherwise:

1. A letter of nomination from the partnership (for the Prevention representative), consortia (for the Patient Care representative) or CHD director or his/her designee (for the Department of Health representative).
2. A copy of the nominee's resume (requested, but not required).
3. A completed FCPN member/professional disclosure.
4. A completed conflict of interest form.
5. A completed FCPN Nominee Selection Criteria form.

**Please feel free to make as many copies of this material as needed.**

**Please select the FCPN Nominee Selection Criteria form that pertains to your area from the Florida Comprehensive Planning Network website.**

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Upon completion of the required information, please forward all of the information to:

Allison Herring  
Department of Health  
Bureau of HIV/AIDS  
4052 Bald Cypress Way, Bin #A09  
Tallahassee, FL 32399-1715  
(850) 245-4444, Ext 2517  
SC 205-4444, Ext 2517