

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

http://www.doh.state.fl.us/disease_ctrl/aids/compln/fcpn/index.html.

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

Leisha McKinley
Department of Health
Bureau of HIV/AIDS
4052 Bald Cypress Way, Bin #A09
Tallahassee, FL 32399-1715
(850) 245-4444, Ext 2621
SC 205-4444, Ext 2621