

**NOMINATION FORM  
FOR MEMBERSHIP ON THE BOARD OF DIRECTORS  
OF THE NELAC INSTITUTE (TNI)**

Individuals may be nominated by another individual or submit a self-nomination. Please e-mail the completed application form to: [judy.duncan@deq.ok.gov](mailto:judy.duncan@deq.ok.gov).

**1. GENERAL INFORMATION**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**2. STAKEHOLDER AFFLIATION:**

	<p><b>Accreditation Body</b></p> <p><input type="checkbox"/> NELAP recognized Accreditation Body</p> <p><input type="checkbox"/> Non-NELAP Accreditation Body</p>
	<p><b>Accredited Organization</b></p> <p><input type="checkbox"/> Commercial Laboratory</p> <p><input type="checkbox"/> Municipal Laboratory</p> <p><input type="checkbox"/> State Laboratory</p> <p><input type="checkbox"/> Federal Laboratory</p> <p><input type="checkbox"/> Sampling Organization</p> <p><input type="checkbox"/> Field Measurement Organization</p> <p>Other. Please specify:</p>
	<p><b>Other</b></p> <p>State Agency/Department</p> <p><input type="checkbox"/> Third party assessor</p> <p><input type="checkbox"/> Regulated industry</p> <p><input type="checkbox"/> PT Provider</p> <p><input type="checkbox"/> Other (such us instrument vendor, consultant, etc.) Please specify:</p>

**3. CRITERIA FOR SELECTION**

**a. The nominee has expertise in one or more of the following areas:**

Laboratory Analyses	Strategic Planning	Developing Policies
Laboratory Accreditation	Grant Administration	Accounting
Laboratory Assessments	Fundraising	Non-profit Administration
Sampling	Conference Organization	Standards Development
Field Measurements	Membership Recruitment	Database Development

**b. The Nominee can demonstrate the following attributes:**

Ability to effectively cooperate with other stakeholders
Effective communication skills
A commitment to a significant amount of time
Understanding the technical and/or policy issues pertaining to national environmental accreditation
Support of the vision and mission of The NELAC Institute
Past experience serving as the chair of a committee
Past experience serving as a member of a Board of Directors of a professional organization
Past experience serving as a member of an advisory committee of a professional organization

**c. Why do you want to serve on the TNI board of directors?**

**d. Please include any other applicable experience.**

**e. Individual Qualifications**

Insert a summary of the qualifications (background and experience) of the nominee. A brief resume file can be inserted (or enclosed separately) in lieu of the summary.

**f. Organization Description**

If this nominee is affiliated with a professional or trade organization (i.e. ACIL, AWWA, ASTM, etc) indicate the name of the organization and briefly describe the organization's mission, membership, history, and interest in environmental measurements and accreditation.

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#### 4. REFERENCES

Include the names, addresses and telephone numbers of one reference in the case of a nominator or two references if self nomination, who are familiar with the nominee and can discuss his or her abilities and experience related to the selection criteria outlined above.

##### Reference One (or Nominator)

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ email: \_\_\_\_\_

##### Reference Two

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ email: \_\_\_\_\_