



## 2023 ASA NATIONAL ELECTIONS Call for Candidates We Need you!!!

ASA will hold elections for national officers on-line in 2023. The open positions include President, Vice-President, Treasurer, and two board of directors

In order to vote, individuals must maintain their active membership status through October 28, 2023. Active membership status is predicated on the individual having a current credential as a CSFA or CSA.

Voting will open October 1, 2023 and close on Friday, October 27, 2023. Election announcements will be made on Saturday, October 28, online.

Most individuals have multiple email addresses. Voters will need to use their official email address that is in their ASA membership record in order to access the ballot.

**If you are interested in running for a national office, you must submit a Curriculum Vitae and Consent to Serve by September 15, 2023. Or if you believe you would like to lend your expertise to a committee, you would need to submit a Curriculum Vitae and Consent to Serve. All forms can be downloaded off the ASA website.**

**CONSENT TO SERVE**

I, \_\_\_\_\_, do hereby consent to serve the Association of Surgical Assistants, Inc. (ASA) in the capacity of:

President  
 Vice President  
 Secretary  
 Treasurer  
 Board of Directors

I understand that by consenting to serve ASA in this position I am making a commitment to perform a variety of activities and further agree to carry out all tasks appropriate to the office including, but not limited to, the following.

I will:

1. Make every effort to familiarize myself with the ASA Bylaws.
2. Maintain an adequate filing system pertaining to all aspects of my position beginning immediately following conference.
3. Maintain an open line of communication with national headquarters. Communication is essential to the harmony and effectiveness of ASA business.
4. Give thoughtful consideration to my efforts when assigned by the President to work on any assignment or special project and will perform those tasks to the best of my ability.
5. Fully understand that holding an elective position requires a considerable amount of verbal and written communication skills and entails a substantial work effort.
6. I further agree to resign from the Board of Directors in the event of seeking employment with ASA, AST, ARCS/STSA, or NBS/STA.
7. Read and comply with the requirements described in the Candidate Handbook.
8. I further agree that if at any time I am unable to serve in this capacity or if I fail in my responsibilities to the Board of Directors, and membership, I will offer my resignation and notify the ASA Board of Directors in sufficient time so that a replacement may be acquired to ensure that committee activities are not unduly interrupted.
9. I agree that as a national candidate for office that I will register and attend the ASA Annual Fall Meeting.

Dated this 25 day of March, 2018

Street Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

This consent to serve form will be discarded two years from date of receipt. If after that time you remain interested in working with ASA, you must submit a new consent-to-serve form and curriculum vitae.

If you are running for an elective office, please submit an election statement on why you want to serve ASA. This statement will be published for the membership. Additionally, a headshot is required, please submit a high resolution jpeg which will be needed for publication.

**Curriculum Vitae Candidate**

**ASA Requests All Information Be Completed In Full**

Name	Date	
<input type="text"/>	<input type="text" value="03/25/2018"/>	
Address	Cert. Number	
<input type="text"/>	<input type="text" value="Certification Number"/>	
City	State	Zip
<input type="text"/>	<input type="text" value="Select Your State"/>	<input type="text" value="Zipcode"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	
<b>Employment:</b>	Phone	
Facility Name	<input type="text" value="Facility Phone"/>	
<input type="text"/>		
Address	<input type="text"/>	
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text" value="Select Your State"/>	<input type="text" value="Facility Zipcode"/>
Number of Years Employed	<input type="text"/>	
<input type="text" value="Number of Years"/>		

**BRIEF DESCRIPTION OF DUTIES**

POWERED BY TINYMCE

**ASA Involvement:**

**NUMBER OF YEARS IN ASA:**

Number of Years

**PAST POSITIONS HELD WITHIN ASA**

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**BRIEF DESCRIPTION OF YOUR ROLE IN THESE POSITIONS**

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Additional documents are optional 2MB max per file.

Current Resume (optional)  
Browse... No file selected.