

NOMINATING COMMITTEE QUESTIONNAIRE

Officers will receive re-imbusement up to \$3,500 a year for approved travel related expenses for Executive Board meetings and one symposium. Officers, with exception of the President, do not receive a stipend for attendance at meetings, or complimentary registration for annual conference and symposiums. Expectations of this position is to raise issues that are important to you, discuss the issues and accept the decision of the majority.

1. Please print your full name and the state you represent.

Name: _____

Email: _____ Telephone number: _____

State: _____

2. Office of the National Interstate Council of State Boards of Cosmetology

I am seeking nomination for the following office(s):

- President
- First-Vice President
- Second Vice-President
- Secretary/Treasurer
- Regional Director

Please circle Region Number: 1 2 3 4 click on the link to see Regions - <https://nictesting.org/wp-content/uploads/2020/07/NIC-Regions-Map.png>

3. Experience

Years served on state board: _____

Positions/Offices held and term served in each position:

4. Board Member Expiration Date

Provide current board member position expiration date: _____

5. Eligibility for Reappointment

State law allows for reappointment at end of my term (yes/no): _____

6. Travel Allowance

Present employment allows for attendance at NIC Executive Board meeting, symposiums and annual conference (six to eight days annually)

(yes/no): _____

7. NIC Committees

Please list NIC committees served within the last three years:

8. Conferences Attended

Please list how many conferences attended:

Regional/Symposium: _____

Annual: _____

9. NIC Officer Positions Held

Please list prior positions held for NIC (state none if you have not held a position):

10. Organizations

Please list other organizations you are a member or officer. Provide amount of years and position served if applicable.

QUALIFICATIONS

Please describe below the training, experience or knowledge that qualifies you to serve in this position:

The foregoing statements are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return questionnaire to:

Debra Norton
NIC Administrative Services Coordinator
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Little Rock, AR 72205 (501)
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