



# Ohio Physicians Health Program

A confidential resource for physicians and  
other healthcare professionals

## Board of Directors Application

Date:

### Contact Information:

\_\_\_\_\_  
Name (First, M.I., Last)

\_\_\_\_\_  
Home Address

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

### Education:

\_\_\_\_\_  
Undergraduate Institution

\_\_\_\_\_  
Degree & Major

\_\_\_\_\_  
Graduate Institution

\_\_\_\_\_  
Degree & Program

\_\_\_\_\_  
Additional Education

List employment experience including institutions and positions held:

List any current or previous board (non-profit or for profit), leadership or volunteer experience:

How did you hear about the Ohio Physicians Health Program?

# Board of Directors Application

**Why are you interested in serving on the Ohio Physicians Health Program Board of Trustees?**

**What skills/experience can you contribute to the Ohio Physicians Health Program Board of Trustees?**

**Briefly describe additional professional activities, awards, publications, memberships, offices, and leadership roles:**

**Please provide any possible conflict of interests you may have if selected for the Board of Trustees:**

**The Mission of the Ohio Physicians Health Program:**

To facilitate the health and wellness of healthcare professionals in order to enhance patient safety

Please submit this application with a copy of your resume to:

Ohio Physicians Health Program

Attn: Kelley M. Long

5900 Roche Drive

Suite 440

Columbus, OH 43229

Direct questions to (614) 841-9690 x23 or [klong@ophp.org](mailto:klong@ophp.org)