

BOARD OF HEALTH MEMBER APPOINTMENT INFORMATION

The Trumbull County Health District Advisory makes appointments of 5-year terms on the Trumbull County Board of Health annually at their yearly meeting.

The Health District Advisory Council requires all interested parties to complete a Nomination Petition for Appointment to the Trumbull County Board of Health, a copy of which can be obtained from the Trumbull County Health Department office or on their website www.tcbh.org.

In order to qualify for appointment to a Board of Health vacancy, a Candidate must be a U.S. Citizen and an elector (registered voter) residing within the Health District, and must complete and file a nominating petition on a form prescribed by the Health District Advisory Council. Residents of the city of Warren are ineligible.

Ohio Revised Code requires that at least one Board Member be a physician, and that the Board also have a representative from the Trumbull County Health Licensing Council. The Licensing Council is made up of a representative from each state licensed program in Trumbull County.

Applicants are required to submit a letter of interest, resume and nominating petition to for consideration. Nomination petitions and information are accepted in February, the date of which is based upon the date of the District Advisory Council's annual meeting.

TRUMBULL COUNTY HEALTH ADVISORY BOARD

NOMINATION PETITION FOR APPOINTMENT

TO

TRUMBULL COUNTY HEALTH BOARD

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Voting Precinct: _____

Occupation: _____

Education: (Circle Highest Level Completed)

High School 9 10 11 12 College 1 2 3 4

College Degree _____

Post Grad Degree _____

Related Skills, Activities, Experience in Health Administration or Government:

Date: _____

Signature

We the undersigned members of the Trumbull County Health Advisory Board, hereby nominate the above candidate for appointment to the Trumbull County Health Board for the Full-Term commencing on _____.

Signature	Political Subdivision	Date

*Must be signed by 4 Voting Members of the Health District Advisory Council (i.e. President of the Board of County Commissioners, Chairman of the Board of Township Trustees or the Mayor of the City or Village within the Health District) & submitted with letter of interest & resume.