**IFMBE DIGITAL HEALTH DIVISION ELECTION 2025:**

**FORM FOR NOMINATION OF CANDIDATES**

|  |  |
| --- | --- |
| IFMBE Constituent Society |  |
| President of the Constituent Society  |  |
| Secretary of the Constituent Society |  |
| e-mail address for contact |  |
| Society: National or Transnational |  |

Open positions in IFMBE:

* Digital Health Division Board member (10 positions) (Term of office: 2025 -2028)

Our Society nominates the following members for the open positions within the IFMBE

(Please add rows as needed):

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee | Nominated for the Position of: | Current position in IFMBE | Highest position held in the Constituent Society |
|  | DHD Board member |  |  |
|  |  |  |  |

I confirm that all the nominees listed above are members of our national/transnational Society.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of National/Transnational Society Secretary Date

The nominee information form on pages 2-4 should be filled in and signed for each Nominee.

 Fully completed Nomination documents should be saved in pdf format and submitted to

 Prof. Paulo De Carvalho, IFMBE DHD Chair

 Email address: carvalho@dei.uc.pt

**Closing Date for Submission of Nominations: 15th March 2025**

**Nominee Information Form**

|  |  |
| --- | --- |
| Nominated for the position of: |  |
| Name of Nominee |  |
| Constituent Society: |  |

Brief Biography of Nominee (not to exceed 200 words)

Nominee’s Position Statement (not to exceed 200 words) (do not include CV)

 Nominee’s Photo (recommended size (48 x 33 mm)

Declaration by Nominee: I agree to have my name placed on the list of nominated candidates for the above-mentioned open position, and if elected, to serve in IFMBE for the specified term.

|  |  |
| --- | --- |
| Nominee’s Signature  |  |
| Nominee’s Business Address  |  |
| Nominee’sMobile Phone Number |  | Emailaddress |  |