**IFMBE ELECTION** **HEALTH TECHNOLOGY ASSESSMENT DIVISION 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:

* Health Technology Assessment Division Board member (5 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 |
|  | HTAD Board member |  |  |
|  |  |  |  |

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

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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. Murilo Contó, IFMBE, HTAD Chair

Email address: murilo.conto@bsci.com

**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 |  |