Trumbull County Board of Health – Appointment Information

Appointing Authority:
Trumbull County Health District Advisory Council

Appointment Terms:
5-year terms, with appointments made **annually** at the Council's yearly meeting.

Eligibility Requirements:

- Must be a **U.S. citizen**
- Must be a **registered voter (elector)** residing **within the Trumbull County Health District**
- **Residents of the City of Warren are not eligible**
- Must complete and submit a **Nominating Petition** (specific form required)
- Certain positions must be filled by:
    - At least **one licensed physician**
    - A representative from the **Trumbull County Health Licensing Council** (comprised of representatives from each state-licensed program in the county)

Application Materials Required:

1. **Letter of Interest**
2. **Resume**
3. **Completed Nominating Petition** (available from the Trumbull County Combined Health District office or at www.tcchd.org)

Submission Deadline:

- **February** (exact date varies each year, based on the annual meeting date of the Health District Advisory Council)

TRUMBULL COUNTY HEALTH DISTRICT ADVISORY COUNCIL

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 _____

PLEASE NOTE:
Letter of Interest & Resume Must be submitted with this nomination petition AND this nomination petition MUST be signed by 4 voting members of the Health District Advisory Council to be considered.
(See below as to who constitutes a member of the Health District Advisory Council.)

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.