

## Request to Be Considered for NAME Board of Directors By Election or Appointment

*(last updated, August 2020)*

I recommend/submit my name \_\_\_\_\_, be considered to fill a vacancy on the NAME Board of Directors.

**Check one:**

**Director (Elected or Appointed Position):**

Region (1, 2, 3 or at-large): \_\_\_\_\_

Category (Medicaid, Education or LEA): \_\_\_\_\_

**Officer (Elected Position): President-Elect**

**Officer (Appointed by the Board: Secretary or Treasurer):** \_\_\_\_\_

Name of person submitting the recommendation: \_\_\_\_\_

Phone number and e-mail of person submitting nomination: \_\_\_\_\_

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**I believe I/this person would be an asset to the NAME Board of Directors because:**

of extensive knowledge of Medicaid in Education at the State level

of extensive experience in Medicaid in Education at the LEA level

he/she is a contributing member of NAME and active on the following committee(s): \_\_\_\_\_

**Additional information about Candidate:**

# N A M E

National Alliance for Medicaid in Education, Inc.

*Additional information about the Candidate, cont'd*

Name and Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Years involved with Medicaid in Education issues: \_\_\_\_\_

Current role in his/her organization: \_\_\_\_\_

Current or past involvement with NAME (committee work, presentations, Board, etc.):

Why I want to/ this person should- be part of the NAME Board of Directors:

**\*\*Please attach brief biography or resume\*\***

\_\_\_ I meet Board of Directors qualifications as outlined in the NAME Bylaws as excerpted on page 3 and 4 of this form.

**Please email this completed nomination request by September 18, 2020 to:**

**Charles Tyler, Jr., Chair, NAME Nominating Committee**

Email: [ctyler@bcps.org](mailto:ctyler@bcps.org)

Phone: 443-809-7793

## Qualifications for NAME Board of Directors

“The Board shall consist of the President, President-Elect, Immediate Past President, Secretary, Treasurer, and nine (9) regional representatives from three regions and three (3) at-large representatives elected as follows:” **(NAME Bylaws IX, A. Membership):**

- 3 regional state Medicaid agency representatives, one from each region;
- 3 regional state education agency representatives, one from each region;
- 3 regional local education agency representatives, one from each region;
- 3 at-large representatives: one from a state Medicaid agency, one from a state education agency and one from a local education agency

### Qualifications for Board Directors

#### Member in Good Standing

“A member in good standing has paid the current year’s dues and any liens and/or assessments levied by the NAME’s Board and Membership, and agrees to adhere to the Bylaws.” **(NAME Bylaws, V, Membership Dues. B. Good Standing)**

**State Agency Representative (Education or Medicaid):** Three year term for elected Directors; remainder of vacant term for appointed Directors. Is a voting member in good standing OR is eligible to be a voting member because of expertise, experience or some current responsibility related to Medicaid reimbursement for Administrative Outreach or Direct Health Care Services provided by schools. Need to specify either Education or Medicaid agency.

**LEA Representative:** Three year term for elected Directors; remainder of vacant term for appointed Directors. Is a voting member in good standing OR is eligible to be a voting member because of expertise, experience or some current responsibility related to Medicaid reimbursement for Administrative Outreach or Direct Health Care Services provided by schools. LEA includes Regional Education Agency or Local Education Agency.

**Regional Director:** Shall be from that region.

**Region 1:** Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Delaware, District of Columbia, Kentucky, Maryland, North Carolina, South Carolina, Tennessee, Virginia, West Virginia

**Region 2:** Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Texas, Puerto Rico, U.S. Virgin Islands, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, Wisconsin

**Region 3:** Arizona, Colorado, Kansas, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Utah, Wyoming, Alaska, California, Hawaii, Idaho, Nevada, Oregon, Washington

**At-Large Director (Education, Medicaid or LEA):** Three year term for elected Directors; remainder of vacant term for appointed Directors. Is a voting member in good standing OR is eligible to be a voting member because of expertise, experience or some current responsibility related to Medicaid reimbursement for Administrative Outreach or Direct Health Care Services provided by schools. Need to specify Education, Medicaid or LEA (LEA can be Regional Education Agency or Local Education Agency) (***NAME Bylaws, III. Membership Categories***)

**Qualifications for NAME Board Officer, also serves on the Board of Directors**  
(***NAME Bylaws, VII Officers***)

An officer must be a voting member in good standing at the time of nomination and election, and remain so throughout the term in office, including the move to the office of President and Immediate Past President.

**President-Elect:** One year term followed by one year term as President, and one year term as Immediate Past President. Elected by the voting members and must represent a State Medicaid Agency or a State Education Agency.

**Secretary and Treasurer:** Two year terms for full term appointments or remainder of vacant terms. Each of these officers must be a voting member in good standing, appointed by the Board of Directors. There is no term limit for these positions. The Secretary's term begins in even-numbered years and the Treasurer's term begins in odd-numbered years.