

1. Instructions

a. To apply to be a member of the Langdon Prairie Health (LPH) Board of Trustees, you must complete this form and submit it with a statement of intent, which includes goals and hopes for your term.

b. Please send your completed form and statement of intent by:
 Email: sarah.mikkelsen@lph.hospital

- OR -

Mail: LPH,
 Attn: Sarah M.
 909 2nd Street
 Langdon, ND 58249

c. For more information about the application process, please contact: Sarah Mikkelsen, Executive Assistant/Credentialing Manager by email at: sarah.mikkelsen@lph.hospital.

2. Applicant Contact Information

Last Name:		First Name:	
Home Address:			
City:	State:	Zip Code:	
Home Phone Number:		Cell Phone Number:	
Email Address:			
Preferred Method of Contact: Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/>			

3. Eligibility Criteria and Conditions of Appointment

- a. Trustees must be at least 18 years old.
- b. Undischarged bankrupts are ineligible to serve as Trustees.
- c. Must be a member of the Hospital Association and reside within 50 miles of LPH's service area, per the *Board of Trustees By-Laws*.
- d. A Trustee is expected to commit the time required to perform Board and committee duties. The minimum time commitment is approximately two (2) hours per month.

- e. Trustees must fulfill the requirements and responsibilities of their position – for example, preparing for and attending Board/committee meetings, upholding fiduciary obligations and working cooperatively and respectfully with other Board members. Trustees must comply with legislation governing the hospital, its By-Laws and policies, and all other applicable rules.
- f. Trustees must sign a declaration confirming their agreement to adhere to their fiduciary duties and Board and corporate policies.

4. Conflict of Interest Disclosure Statement

Trustees must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization or individual(s), including employees of LPH, that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the Board.

5. Knowledge, Skills, and Experience

The Board seeks a complementary balance of knowledge, skills and experience. Please describe your areas of knowledge, skills and experience that you will bring to the Board:

Please list current or prior board experience.

Which areas of Board work are of particular interest to you?

Please describe any links you have or may have had with other health care groups in the community.

6. Declaration

By submitting this application, I declare the following:

- a. I meet the eligibility criteria and accept the conditions of appointment set out above.
- b. I have read and agree to comply with the following:
 - i. *Board of Trustees Job Description*
 - ii. *Board Code of Conduct*
 - iii. *Conflict of Interest* policy
- c. I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____ Date: _____