



2019-2020 RESIDENT REPRESENTATIVE APPLICATION
Deadline for submission: Monday, January 14, 2019

Candidate's Name: _____ Date: _____

Address: _____
City State Zip

Email: _____ Cell: _____

Residency: _____ Specialty: _____

Current PGY: _____ Year of Program Completion: _____

RESPONSIBILITIES

1. Attend the CMDA House of Representatives Meeting and CMDA National Convention, **May 2-5, 2019**, Ridgecrest, NC.
**All registration fees, travel and lodging are provided by CMDA for Resident Representatives.*
**All registration fees are provided by CMDA for Alternate Resident Representatives.*
1. Review the House of Representatives (HOR) pre-reads prior to the meetings.
2. Participate in the Executive Leadership of the [National Resident & Fellow Council](#) (NRFC) by:
 - a. Attending NRFC online meetings (approximately monthly).
 - b. Writing content for quarterly NRFC newsletters and [blog](#).
 - c. Planning and attending resident events at National Convention.
3. Complete and submit the following documents to ccm@cmda.org:
 - a. This application
 - b. CMDA [Leadership Commitment Form](#).
 - c. Letter of recommendation from current CMDA Regional Director, Area Director, Associate Staff or a CMDA graduate leader.
 - d. Character reference letter (Can be from physician, dentist, pastor or other lay church leader.)
 - e. Curriculum Vitae
 - f. Acknowledgement from Residency Director to attend required meeting.

Please answer the following questions in a separate document:

TESTIMONY: Share your story of how you became a Christ-follower.

CMDA INVOLVEMENT

1. Current Involvement:
2. Past CMDA Involvement:
3. What do you hope to contribute and to gain by serving as a CMDA Resident Representative?

ACKNOWLEDGEMENTS

- 1. I am a current member of CMDA in good standing.....Yes No
- 2. I have obtained acknowledgement (attached form) from my Residency Director to attend the following meeting:.....Yes No

CMDA House of Representatives Meeting and CMDA National Convention
May 2-5, 2019, Ridgecrest, NC

- 3. I have completed the CMDA [Leadership Commitment Form](#).....Yes No
- 4. I am in full and uncompromised agreement with the following CMDA Doctrinal Statement.....Yes No
 - *We believe the Bible to be the authoritative Word of God.*
 - *We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.*
 - *We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church and in His personal return in power and glory.*
 - *We believe that salvation is based on the sacrifice of Christ and regeneration by the Holy Spirit.*
 - *We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.*
 - *We believe in the bodily resurrection of the just and unjust, the everlasting blessedness of the saved and the everlasting punishment of the lost.*
 - *We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.*

If selected, I agree to serve as the Resident Representative to the CMDA House of Representatives. I am in agreement with CMDA’s Doctrinal Statement and have completed the CMDA Leadership Application and am able to attend the meeting described above.

Signature
Date

Please submit your completed application to:

Bill Reichart, MDiv
 National Director, Campus & Community Ministries
 Christian Medical & Dental Associations
 P.O. Box 7500
 Bristol, TN 37621

Or email to: ccm@cmda.org



**Residency Director Acknowledgment of Resident Participation
Resident Representative, CMDA**

Your resident, _____, has been nominated to serve as Resident Representative to the House of Representatives of the Christian Medical & Dental Associations (CMDA). Acknowledgement of required meeting attendance is requested.

CMDA is the nation’s largest faith based medical organization, comprised of over 18,000 physicians, dentists, and students, and is present on over 300 healthcare campuses across the United States. The governance of this national membership organization involves a national House of Representatives, of which a Resident Representative is elected annually. Your Resident is applying for this national leadership position.

If selected, your resident will receive in depth leadership and governance training and will be mentored by nationally respected doctors. Resident Representatives will have a full voice in the CMDA House of Representatives accompanied by full voting rights to influence the future direction of the organization.

While we recognize conflicts can occur, attendance at the House of Representative meeting is expected of the Resident Representative. We ask for a commitment from the Resident to attend these meetings and request acknowledgment from your office of their capacity to do so. Travel and meeting expenses for the selected resident will be covered by CMDA.

For the **2019-2020** year, the Resident Representative will be required to attend the following meeting:

**CMDA House of Representatives Meeting and CMDA National Convention
May 2-5, 2019, Ridgecrest, NC**

We appreciate your acknowledgment of meeting attendance as described above. Should you have further questions, we will be happy to assist you. ccm@cmda.org

Acknowledgment of required meeting attendance for this applicant to serve as Resident Representative of CMDA is confirmed with the signature below.

Residency Director Date

Institution