Call for Nominations
The Florida Comprehensive Planning Network (FCPN) Membership, Nominations and Bylaws Committee is calling for nominations for the following positions:
1. Odd-numbered Area Reps & Alts for PC, Prev and DOH: 1, 3&13, 7, 9, 11A, 11B, and 15
2. Statewide At-large Reps & Alts for Behavioral Science, Transgender, Youth, and Part A
3. Any vacant Alternate (even-numbered area terms will expire in 2020)
The three-year term will begin in the fall of 2019 and end in the fall of 2022. It is expected for the current member to continue to participate until the new members are announced.
To submit a nomination for a position, the following is required, unless specified:
1. A completed electronic FCPN Nomination form (link below)
2. A letter of nomination from the local consortia, partnership, planning body/council, or HAPC (PC, Prev, or At-large); OR CHD Director or his/her designee (DOH)
3. Nominee’s resume (requested, but not required)
Click below to complete the electronic form and upload required documents

Continue >
Florida HIV/AIDS Comprehensive Planning Network (FCPN) Nomination Form

Required Question(s)

The Florida HIV/AIDS Comprehensive Planning Network (FCPN) strives to have a membership body that has diverse representation from all communities affected by HIV/AIDS in Florida. In an effort to ensure the group's membership includes individuals from diverse racial and ethnic backgrounds, geographic areas, ages, HIV status, sexual orientations and gender identities, the Florida Department of Health HIV/AIDS Section, collects information regarding the composition of the planning body. The information is used to ensure compliance with the guidelines for parity, inclusion and representation, as defined by the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). All members of the FCPN are required to complete this form.

PERSONAL INFORMATION

Please enter the information indicated below.

First Name:

Last Name:

Email Address: emailaddress@xyz.com

Address 1: 

Address 2: 

City: 

State/Province (US/Canada): -- Select a state --

Postal Code: 

Daytime Phone or Cell: 

What area do you currently live in?

- [ ] Area 1
- [ ] Area 2A
- [ ] Area 2B
- [ ] Area 3/13
- [ ] Area 4
- [ ] Area 5/6/14
What is your current membership position?

- Community Representative
- Community Alternate
- At-Large Representative
- At-Large Alternate
- Department of Health (DOH) Representative
- DOH Alternate
- Part A Representative
- Part A Alternate
- I am not a current member

Please check the statewide membership position for which you are applying?

- Patient Care Community Representative
- Patient Care Community Alternate
- Prevention Community Representative
- Prevention Community Alternate
- Department of Health (DOH) Representative
- DOH Alternate
- At-Large Transgender Representative
- At-Large Transgender Alternate
- At-Large Behavioral Health Representative
- At-Large Behavioral Health Alternate
- At-Large Youth Representative
- At-Large Youth Alternate
- Part A Representative
What area are you applying to represent?

- Area 1
- Area 2A
- Area 2B
- Area 3/13
- Area 4
- Area 5/6/14
- Area 7
- Area 8
- Area 9
- Area 10
- Area 11A
- Area 11B
- Area 12
- Area 15
- Statewide (At-Large)
- Part A
- Other

DEMOGRAPHIC INFORMATION

Age Range:
- < age 19
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- > 60 years
- Prefer not to disclose

Gender:
Female
Male
Transgender (female to male)
Transgender (male to female)
Prefer not to disclose
Other

Race/Ethnicity (check all that apply):

- American Indian or Alaska Native
- Asian/Pacific Islander
- Black
- White
- More than one race
- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to disclose

AFFILIATIONS, EXPERTISE AND REPRESENTATION
Please fill in the following questions by checking all that apply.

Affiliations (check all that apply):

- Academic institution
- Community-based organization providing HIV services
- Community-based organization NOT providing HIV services
- Faith-based organization
- Health department
- Substance Abuse agency
- Mental Health agency
- Corrections
- Homeless service organization
- None
- Other
From the choices above, indicate your primary Affiliation:

From the choices above, indicate your secondary Affiliation:

Expertise (check all that apply):
- Behavioral/social science
- Caretaker of person living with HIV/AIDS
- Corrections
- Epidemiology
- Health planning
- HIV service delivery
- Homeless service
- Person living with HIV/AIDS
- Program evaluation
- Substance abuse
- Mental health
- None
- Other

From the choices above, indicate your primary area of Expertise:
From the choices above, indicate your secondary area of **Expertise:**

50 characters left.

From the choices above, indicate your **Community Representation (check all that apply):**

- Adolescent and youth
- General population
- Heterosexuals
- Injection drug user (IDU)
- Men who have sex with men (MSM)
- MSM injection drug user
- Sex work
- Transgender
- Person living with HIV/AIDS
- Community member
- None
- Other

From the choices above, indicate your primary **Representation:**

50 characters left.

From the choices above, indicate your secondary **Representation:**

50 characters left.

Continue >