



Trumbull County Combined Health District

194 W. Main St.
Cortland, OH 44410

www.tcchd.org

Frank J. Migliozi, MPH, REHS, Health Commissioner



For Immediate Release

BOARD OF HEALTH PHYSICIAN MEMBER APPOINTMENT

The Trumbull County Health District Advisory Council and the Trumbull County Board of Health are seeking interested persons who want to apply for appointment to a 5-year term on the Trumbull County Board of Health. This Term would begin March 27, 2024 and run through February 2029, and is for the physician's Board Seat.

Interested candidates must be a licensed physician, and be aware that this is an appointment to a seat on the Board of Health, and not a staff position. Board of Health members receive \$80.00 per Board of Health meeting attended, and are required to complete two hours of continuing education each year. Meetings are held monthly on the 4th Wednesday of the month at 1:00 PM, at the Trumbull County Combined Health District's office.

Health District Advisory Council requires all interested parties to complete a Nomination Petition for Appointment to the Trumbull County Board of Health, a copy of which can be obtained from the Trumbull County Combined Health District office or via their website www.tcchd.org.

In order to qualify for appointment to this Board of Health vacancy, a Candidate must be a licensed physician, U.S. Citizen, and an elector (registered voter) residing within the Health District, and must complete and file a nominating petition on a form prescribed by the Health District Advisory Council. Residents of the city of Warren are ineligible.

Applicants should submit a letter of interest, resume and nominating petition to Trumbull County District Advisory Council, c/o Johnna Ben, Trumbull County Combined Health District, 194 W. Main St., Cortland, Ohio 44410, by 4:00 P.M., Tuesday, March 5, 2024.

TRUMBULL COUNTY HEALTH ADVISORY BOARD

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 _____

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.