



**DEMONSTRATED SUPERVISOR SUPPORT FORM**

I confirm that I understand and support the nomination of \_\_\_\_\_ to the Board of Directors including the time commitment required to serve on the Board of Directors:

- Monthly 1 – 1 ½-hour board meetings via conference call
- Two in-person board meetings (in January, typically at NAHCR Headquarters in Altamonte Springs, FL, and July, in conjunction with the NAHCR Annual Health Care Recruitment Conference)
- The annual conference each year, plus
- Time required to perform the duties outlined for his/her specific areas of board responsibility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_