



CANONCITO BAND OF NAVAJOS HEALTH CENTER, INC.
BOARD ELECTION PROCEDURES

CANDIDATE SELF-CERTIFICATION FORM

This form shall be turned in along with a letter of interest to the Canoncito Band of Navajos Health Center, Inc. to be considered to be a member of the CBNHC's Board of Directors. Any candidate that does not turn in this self-certification form shall be disqualifying.

NAME OF CANDIDATE: _____

1. Are you an enrolled member of Navajo Nation? ☐ Yes ☐ No
2. Are you a registered voter at To'Hajiilee Chapter? ☐ Yes ☐ No
3. Are you a member of the Navajo Nation Council? ☐ Yes ☐ No
4. Will you be at least 21 years of age at the time of election? ☐ Yes ☐ No
5. Are you an employee of the CBNHC? ☐ Yes ☐ No
6. Is your spouse an employee of the CBNHC? ☐ Yes ☐ No
7. Do you have a conflict of interest arising out of tribal, state or federal law?
☐ Yes ☐ No
8. Have you ever been found guilty of or entered a plea of no contest to a felony offense?
☐ Yes ☐ No
9. Have you ever been found guilty of or entered a plea of no contest of any of the following misdemeanor crimes: ☐ Yes ☐ No
 - a. Any crimes involving elements of deceit, untruthfulness and dishonesty, including but not limited to extortion, bribery, forgery, fraud, theft, embezzlement, perjury, misrepresentation, false pretense, conversion, or misuse of public funds or property;
 - b. Any crimes involving the welfare of children, child abuse, or child neglect;
 - c. Aggravated Assault or Aggravated Battery;
 - d. Any crimes involving the use of intoxicating alcohol or illegal substance abuse including unlawful transport, sales or distribution of controlled substances
10. Have you fully complied with all orders or sanctions imposed by the Office of Hearings and Appeals or Courts of the Navajo Nation for any violations of the Navajo Nation Ethics in Government Law 2 N.N.C. § 3741 *et seq.*? ☐ Yes ☐ No

(Signature page follows)



CANONCITO BAND OF NAVAJOS
HEALTH CENTER
INC.
129 Medicine Horse Drive – To'Hajiilee, New Mexico 87026
Phone (505) 908-2307 / Fax (505) 908-2010

I certify that the information provided above is true and accurate and that nothing has been withheld that would disqualify me from being a member of the Board of Directors of the CBNHC. I understand and acknowledge that providing false information or withholding information shall be disqualifying to be a member of the Board of Directors of the CBNHC. I certify that I shall uphold and maintain these qualifications for the duration for the term, if elected.

Signature

Date