

2017 APHA ELECTED LEADER NOMINATION FORM

Completed Nomination Forms are due by Friday, April 14, 2017 to:
Deborah Dillard via email only at governance@apha.org
Phone: 202-777-2442

INDICATE RECOMMENDED POSITION:

President-Elect Speaker of the Governing Council Executive Board Member

I. APHA MEMBER BEING RECOMMENDED (Mailing Address Required):

Name _____
Position/Title _____
Employer/Agency _____
Street Address _____
City, State, Zip Code _____
Phone _____
Email Address _____
APHA Member ID _____

SECTION

II. INDICATE FOR DIVERSITY PURPOSES:

SEX: Female Male
ETHNICITY: African American Asian/Pacific Islander Caucasian
 Latino Native American

III. INDICATE IF RECOMMENDATION IS FORMALLY SUBMITTED BY:

Section Affiliate SPIG Forum Caucus
 Committee/Board Individual Self
 Other (Please specify): _____

IV. **Serving as an officer of the Association requires a significant time commitment. Has this person agreed to serve if nominated and commit the time needed?** _____

- V. Indicate your reasons for nominating this person for Speaker, Treasurer, President-Elect, or Executive Board member. Include information on the nominee's experience and attributes that directly relate to the governance and public relations functions of this position. See the job description at <http://www.apha.org/nominations-committee> for more detailed information on the role and responsibilities.
- VI. Describe the nominee's experience within the field of public health, including but not limited to work and leadership experience, and interpersonal skills.
- VII. Describe the nominee's significant activities and service within APHA, including its constituent units, affiliated associations and related experience.
- VIII. Please include an abridged resume or abbreviated CV of no more than six pages as well as a brief narrative biosketch of no more than 600 words.

Nominee's Major Area of Expertise _____

IX. APHA (or AFFILIATED) MEMBER SUBMITTING RECOMMENDATION (Mailing Address Required):

Name: _____

APHA Member ID: _____

Employer/Agency: _____

Position: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____