



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

2020 APHA EXECUTIVE BOARD NOMINATION FORM

Completed Nomination Forms are due to governance@apha.org by Friday, April 17, 2020

INDICATE RECOMMENDED POSITION:

President-Elect

Speaker- Governing Council

Executive Board Member

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

Name:

Position/Title:

Organization:

Street Address:

City, State, Zip Code:

Phone:

Email Address:

APHA Member ID:

Section (s):

II. INDICATE FOR DIVERSITY PURPOSES:

SEX: Female

Male

Other

Decline to Specify

ETHNICITY: African American Asian/Pacific Islander Caucasian
Latino Native American Decline to specify

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?

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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 attach an abridged resume or abbreviated CV of no more than six pages, as well as a brief narrative bio sketch 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:

Organization:

Position:

Street Address:

City, State, Zip:

Phone:

Email Address: