

## 2020 APHA EXECUTIVE BOARD NOMINATION FORM Completed Nomination Forms are due to <a href="mailto:governance@apha.org">governance@apha.org</a> by Friday, May 1, 2020

## INDICATE RECOMMENDED POSITION:

	President-Elect	Speake	r- Governing Cou	ncil	Executive Board Member
I. APH	A MEMBER BEIN	G RECOMMENDI	ED (Mailing Addr	ess Required):	
Name:					
Positio	on/Title:				
Organi	zation:				
Street	Address:				
City, St	tate, Zip Code:				
Phone	:				
Email A	Address:				
APHA I	Member ID:				
Section	n (s):				
II. INDI	CATE FOR DIVER	SITY PURPOSES:			
SEX:	Female	Male	Other	Decline to Spe	cifv

ETHNICITY:	Africa	n American	Asian/Pacific Islan	der C	aucasian			
	Latino		Native American	Decline to	o specify			
III. INDICAT	III. INDICATE IF RECOMMENDATION IS FORMALLY SUBMITTED BY:							
Section	Affiliate	SPIG	Forum	Caucus				
Committee	/Board	Individual	Self					
Other (Plea	se specify):							
_			tion requires a signif imit the time needec		nitment. Has this po	erson		
As 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 <a href="http://www.apha.org/nominations-committee">http://www.apha.org/nominations-committee</a> for more detailed information on the role and responsibilities.								
		nee's experience ence, and interp	e within the field of personal skills.	oublic health, inc	cluding but not limit	ted to work		

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:			