



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

APHA Leadership Recommendation Form

Membership Status: applicant/candidate must be a member in good standing to be considered for an open leadership position.

Please submit the following to governance@apha.org.

1. Recommendation form from a Component leadership indicating why the person is being recommended. A member can also self-nominate by using this form.
2. An abridged resume or CV of no more than six pages.

1. APHA member being recommended:

Name and Academic Degrees

Organization & Title

Physical Address

Telephone

Email

APHA Member ID

APHA Section(s)

2. Member of an APHA State or Regional Affiliate? Yes No

If yes, which one?

3. Is this a reappointment?

Yes No

If yes, please indicate the Board or Committee below:

4. Indicate for diversity purposes:

Sex: Female Male Other Decline to Specify

Race/ethnicity: African American Asian/Pacific Islander Caucasian Latino
 Native American/Alaska Native Other

5. APHA board or committee to which recommendation applies:

6. If you're applying for a position on the Action Board, please indicate which component you wish to represent:

7. Please make sure there is no employer policy that would prevent this person from serving.

8. Indicate reasons why this person is recommended below:

9. Indicate if the recommendation is formally submitted by:

- Section Caucus Affiliate Committee/Board Individual
 Self Other, please specify: _____

10. List significant activities and service of this individual in APHA, including constituent units, affiliated associations and related organizations:

11. APHA member submitting recommendation:

Name

Employer/Agency

APHA Leadership Position

Email Address