

2026 President-Elect Nomination Form

Nominations Forms can be completed directly by the individual seeking office (self-nomination) or by another APHA member (nominator).

Nominators will need the following information about the nominee in order to complete this form:

1. Employment
2. Demographic info
3. Leadership roles within APHA and the field of public health
4. Evidence of impact of nominee's organizational management, collaboration and strategic oversight skills
5. Letters of recommendations, CV and bio-sketch

This form can be saved and returned as long as the nominator is signed into Google. When returning to the form, select "Use previous draft". vs. "continue."

Completed nominations forms are due by 11:59PM ET on April 27, 2026

* Indicates required question

Nominee's Biographical and Demographic Information

1. Name *

2. Employer *

3. Position/Title *

4. Phone Number *

5. Email *

6. Field of work *

Mark only one oval.

Academia

Government

NGO

Private sector

Other:

7. APHA Member Number

8. Active in state affiliate?

Mark only one oval.

Yes

No

9. Member Unit in which active (Affiliate, Section, Caucus, Forum) *

10. Nominees for the position of President-Elect must have previously served a minimum of one-year on the Executive Board. Please indicated the nominees years of service on the Board.

11. Please indicate about the nominee for diversity purposes

Gender Identity

Mark only one oval.

Man

Non-binary

Woman

Decline to specify

Other:

12. Sexual Orientation

13. Ethnicity (check all that apply)

Check all that apply.

American Indian or Alaskan Native

Asian, Asian American

Black, African American

Hispanic, LatinX

Native Hawaiian, Pacific Islander

White

Decline to specify

Other: _____

14. Please indicate if the nomination is being submitted by *

Mark only one oval.

Affiliate

Caucus

Committee/Board

Forum

Individual APHA Member

Section

Self (nominee) *Skip to question 19*

Nominator's Information

15. Nominator's Name

16. Nominator's Email

17. Nominator's APHA Affiliation (Member Units, Leadership Role, etc.)

18. Serving as APHA President requires a significant time commitment. Has the individual nominated agreed to serve if elected?

Mark only one oval.

Yes

No

Nominee's experience

19. Describe the nominee's leadership experience within the field of public health demonstrating, highlighting impact and initiatives they've lead.

20. Describe the nominee's activities and service within APHA (including Affiliates, Boards/Committees, Caucuses, Forum, Sections and SPIGS). Highlight how this experience has provided the nominee with an understanding of APHA structure, function and policy.

21. Describe how the nominee has demonstrative management and collaboration skills to foster engagement and achieve strategic objectives.

22. Please indicate the nominee's major areas of expertise explaining how these areas of expertise align with APHA's strategic goals and priorities.

23. Attach the nominee's abridged resume or CV (no more than 6 pages) *

Files submitted:

24. Attach the nominee's brief narrative bio sketch including current role and responsibilities , major accomplishments, leadership experience and education (600 words max)

Files submitted:

25. Attach a letter (s) of recommendation in support of the nominee (from an individual APHA member or member unit). Multiple letters may be merged into one PDF file.

Files submitted:

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