

2026 Executive Board 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 problem solving 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. Active in state affiliate? *

Mark only one oval.

- Yes
- No

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

9. APHA Member Number

10. Please indicate about the nominee for diversity purposes

Gender Identity

Mark only one oval.

- Man
- Non-binary
- Woman
- Decline to specify
- Other:

11. Sexual Orientation

12. 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: _____

13. 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 18*

Nominator's Information

14. Nominator's Name

15. Nominator's Email

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

17. Serving on the APHA Executive Board requires a significant time commitment. Has the individual nominated agreed to serve if elected?

Mark only one oval.

Yes

No

Nominee's experience

18. Describe the nominee's leadership experience within the field of public health demonstrating, noting their area of expertise.

19. 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, processes and governance.

20. Describe how the nominee has demonstrative management and collaboration skills to advance an organizational mission, program objective or strategic aim.

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

Files submitted:

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

Files submitted:

23. 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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