

**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 Deborah Dillard at governance@apha.org by Monday, June 25, 2018:

1. a letter of recommendation from a component, indicating why the person is being recommended. Please include information on any significant activities and service of the individual;

2) an abridged resume or CV of no more than six pages as well as a brief narrative bio of no

more than 600 words; and

3) a completed APHA leadership recommendation form.

**1. APHA member being recommended:**

Name

Employer

Title

Street Address

City, State, Zip Code

Phone

E-mail Address

APHA Member ID

APHA Primary Section

**2. Indicate for diversity purposes:**

**Sex:** □ Female □ Male

|  |  |  |
| --- | --- | --- |
| **Race/ethnicity:** □ African American | □ Asian/Pacific Islander □ Caucasian | □ Latino |
| □ Native American | □ Other |  |

**3. APHA board or committee to which recommendation applies:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Has this person agreed to serve if nominated? □ Yes □ No**

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

**7. Indicate reasons why this person is recommended below:**

**8. Indicate if the recommendation is formally submitted by:**

□ Section □ Caucus □ Affiliate □ Committee/Board □ Individual

□ Self □ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**10. APHA member submitting recommendation:**

Name:

Employer/Agency:

Position:

Street Address:

City, State, Zip:

Phone:

E-mail Address:

Questions? Email Deborah Dillard at governance@apha.org or call 202-777-2442