

APHA LEADERSHIP APPOINTMENT RECOMMENDATION FORM

Please e-mail with **brief Bio Sketch of related experience** by **March 31, 2011** to:
Ida Plummer via e-mail at governance@apha.org
Questions? Email or call : (202) 777-2496

*** I. APHA MEMBER BEING RECOMMENDED (Mailing Address Required):**

Name _____

Employer/Agency _____

Position/Title _____

Street Address _____

City, State, Zip Code _____

Phone _____

E-mail Address _____

APHA Member ID _____

*** II. INDICATE FOR AFFIRMATIVE ACTION PURPOSES:**

SEX: Male Female

ETHNICITY: Non-Minority Black Latino Asian American American Indian

*** III. APHA BOARD OR COMMITTEE TO WHICH RECOMMENDATION APPLIES:**

IV. INDICATE IF RECOMMENDATION IS FORMALLY SUBMITTED BY:

Section Caucus Affiliate Committee/Board Individual

Self

Other (Please specify): _____

Has this person agreed to serve if nominated? _____

Please submit a reference letter from the section

V. INDICATE REASONS WHY THIS PERSON IS RECOMMENDED:

VI. LIST SIGNIFICANT ACTIVITIES AND SERVICE OF THIS INDIVIDUAL IN APHA, INCLUDING ITS CONSTITUENT UNITS, AFFILIATED ASSOCIATIONS AND RELATED ORGANIZATIONS:

Nominee's Area of Expertise _____

***VII. APHA MEMBER SUBMITTING RECOMMENDATION (Mailing Address Required):**

Name _____
Employer/Agency _____
Position _____
Street Address _____
City, State, Zip _____
Phone _____
E-mail Address _____

*Indicates information must be completed.