

APHA 2011 PRESIDENT-ELECT NOMINATION FORM

Completed Nomination Forms are due by **March 31, 2011** to:
Ida Plummer via e-mail only -- E-mail: ida.plummer@apha.org
Phone : (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. INDICATE IF RECOMMENDATION IS FORMALLY SUBMITTED BY:

Section Affiliate SPIG Forum Caucus

Committee/Board Individual Self

Other (Please specify): _____

IV. **Serving as APHA's President requires a significant time commitment. Has this person agreed to serve if nominated and commit the time needed?** _____

V. **Indicate your reasons for nominating this person for President. Include information on the nominee's experience and attributes that directly relate to the governance and public relations functions of the President. See the job description (<http://www.apha.org/about/gov/nominations/preselect.htm>) for more detailed information on the President's role and responsibilities.**

VI. **Describe the nominee's experience within the field of Public Health.**

VII. **Describe the nominee's significant activities and service within APHA, including its constituent units, affiliated associations and related experience.**

VIII. Please include a resume or abbreviated CV as well as a brief narrative biosketch.

Nominee's Major Area of Expertise _____

IX. APHA MEMBER SUBMITTING RECOMMENDATION (Mailing Address Required):

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