



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

7777 Leesburg Pike, Suite 314 N. · Falls Church, Virginia 22043  
Tel. 703/917.9503 · Fax 703/917.4109 · E-Mail: info@abhes.org

# NOMINATION FORM

## Applicant Information

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Number of Years in Current Position \_\_\_\_\_  
Seat (select one): \_\_\_\_\_

Administrator in a Healthcare Related Area

Commissioner at Large

Academic in a Healthcare Related Area

Higher Education Specialist

Educator in Specialty Area

Public Member

Have you been employed by an ABHES-accredited institution or program within the past five years? Yes

No

If you answered yes to the above question, how many years of the past five years have you been employed by an ABHES-accredited institution or program? \_\_\_\_\_

Are you an ABHES Evaluator? Yes

No

Please list any committees you have served on with ABHES:

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

## Reference and Background Check

I understand that as part of the commissioner nominations process, I will be asked to consent to a reference and criminal background check. I also understand that ABHES may use law enforcement agencies and/or private background check organizations to assist in collecting background information.

I am aware that ABHES will consider whether the results of the reference and background checks reasonably bear on my ability to serve and to perform the required duties of a board member/commissioner.

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Signature

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Date

## Consent of Eligibility

I am aware of the requirements for the seat for which I am nominated as described in the ABHES Bylaws and confirm I am eligible.

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Signature

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Date

Please complete the below information if nominating the individual listed above:

Name of Person

Making Nomination

Title

Institution/Organization

Address

City, State, Zip Code

Phone

Email

Please describe why you believe this individual is qualified to serve and will perform well as a commissioner.

## Required Attachments

Please attach the following information with the above completed nomination form and submit all information to ABHES no later than April 7, 2021:

- i. Nominee's resume or curriculum vitae
- ii. Official or unofficial transcripts for any education listed on resume or curriculum vitae
- iii. Copy of credential(s), as applicable
- iv. Nominee's statement of interest
- v. Bio to be included on the appointment slate (please provide a 100 word or less bio written in 3<sup>rd</sup> person)