



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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# NOMINATION FORM

## Applicant Information

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Number of Years in Current Position \_\_\_\_\_  
Committee Interested In:

- Annual Conference Committee
- Distance Education Committee
- Medical Assisting Programmatic Accreditation Committee
- Medical Laboratory Technology Programmatic Accreditation Committee
- Surgical Technology Programmatic Accreditation Committee
- Pharmacy Technology Program Advisory Committee

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 attach the following information with this completed nomination form in a .pdf file and email to ABHES at [info@abhes.org](mailto:info@abhes.org) by no later than April 4, 2022:

- i. Nominee's letter of interest, including consent of the nomination (100 words or less)
- ii. If you are nominating someone else, please describe why you believe the individual noted above is qualified to serve and will perform well as an ABHES Committee member (100 words or less)
- iii. Nominee's resume or curriculum vitae
- iv. Copy of nominee's credential(s), as applicable

Thank you for your nomination.