



# NOMINATION FORM

## Applicant Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of Years in Current Position \_\_\_\_\_

Seat (select one from list below): \_\_\_\_\_

- Academic in a Healthcare Related Area
- Commissioner-at-Large
- Ownership Representative
- Practitioner in Specialty Area
- Public Member<sup>1</sup>

If you have experience in one or more of the following areas, select all that apply.

- Regulatory oversight of higher education institutions, including, for example, Department of Education Federal Student Aid regulations, state authorization and oversight.
- Finance, governance, organizational structures, and substantive changes including in legal status, ownership and forms of control of higher education institutions.
- Emerging technologies and innovative models and approaches to higher education including, for example, competency-based education, direct assessment, and use of simulation technology and/or pedagogy.
- Workforce development policy and administration, Department of Labor and state workforce initiatives, and apprenticeship programs.
- Employer of ABHES-accredited institutions or program graduates.

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<sup>1</sup> A Public Member is an individual who is not (i) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (ii) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (iii) a spouse, parent, child, or sibling of an individual identified in paragraph (i) or (ii) of this definition.

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.

\_\_\_\_\_  
Nominee Signature Date

### Consent of Eligibility and Nomination

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 and consent to the nomination.

\_\_\_\_\_  
Nominee Signature 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 Documents

Please attach the following information in one PDF with the above completed nomination form and submit all information to ABHES no later than March 24, 2023:

- 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 that describes:
  - a. How your management and leadership experience will support your role as an ABHES Commissioner.
  - b. General philosophy regarding accreditation.
  - c. What you will contribute to the ABHES Commission and its accredited institutions and programs.
  - d. Any other information you believe supports your nomination.
- v. Bio to be included on the appointment slate (please provide a 100 word or less bio written in 3<sup>rd</sup> person); and
- vi. Contact information (phone and email) for three professional references