



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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6116 Executive Boulevard, Suite 730 • North Bethesda, MD 20852

Tel: 301.291.7550 • Email: [info@abhes.org](mailto:info@abhes.org)

# NOMINATION FORM

## Applicant Information

Name of Nominee

Title

Institution/Organization

Address

City, State, Zip Code

Phone

Email

Number of Years in Current Position

Committee Interested In:

Annual Review Committee

Appeal Panel

PEP Taskforce Committee

Preliminary Review Committee

## Consent of Nomination

I am aware of the committee qualifications and time commitment for which I am nominated 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 the applicable committee.

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 28, 2023:

- i. If you are self-nominating, include a brief letter of interest addressing how you are qualified to serve the applicable committee.
- ii. Nominee's resume or curriculum vitae.

Thank you for your nomination.