



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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

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

## COMMISSIONER NOMINATING COMMITTEE NOMINATION FORM

Name of Nominee

Title

Institution/Organization

Address

City, State, Zip Code

Phone

Email

# of Years in Current Position

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Are you an employee of an ABHES-accredited institution or program?

- No (If you answered no, you are not eligible to seek election for this committee)  
 Yes

Has the institution been on a probationary equivalent status by a recognized accrediting agency or under sanction by a state or federal regulatory agency, including heightened cash monitoring (HCM2), potentially leading to the withdrawal, suspension, revocation, or termination of accreditation, licensure, or eligibility to participate in federal programs, within the past 3 years?

- No  
 Yes (If yes, please explain):

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Commissioner Nominating Committee – Nomination Form

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Do you have affiliation with any institution/organizations represented by current seated Commissioners (view listing at <https://abhes.org/board-of-commissioners/>)?

- No
- Yes (If you answered yes, you are not eligible to seek election for this 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 describe why you believe this individual is qualified to serve and will perform well as a Commissioner Nominating Committee member.

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

### 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 **Wednesday, June 7, 2023**:

- i. Nominee’s resume or curriculum vitae
- ii. Nominee’s statement of interest that describes:
  - a. How your management and leadership experience will support your role on the ABHES Commissioner Nominating Committee.
  - b. How you will contribute to the Commissioner nominating process
  - c. Any other information you believe supports your nomination
- iii. Bio to be included on the slate (please provide a 100 word or less bio written in 3<sup>rd</sup> person)

### Nominee Attestation

I attest that the above Information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date