#

# NCPHA Emerging Leaders Program

# 2021/22| NOMINATION FORM INSTRUCTIONS

This nomination will be reviewed by the NCPHA Emerging Leaders Program Committee. Please print legibly or type the information requested. Use additional sheet(s) of paper if necessary to supplement your answers. Please do not write “See attached C.V.” The Committee will carefully review all applications and requires that this nomination form be completed in its entirety.

Sponsoring organization: Please Complete Section A

Nominee: Please Complete Section B

SECTION A (TO BE COMPLETED BY NOMINATING ORGANIZATION)

## Nominee Profile

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the nominee a NCPHA Member? 🞎Yes 🞎 No

Description of Participation

1. Relationship with sponsoring organization
2. Please list any professional or volunteer activities in which the nominee has participated (i.e., leadership positions, committee or task force involvement, etc.)
3. Please list any leadership positions in public health held by the nominee
4. Please list the name(s) and the title(s) of the individual(s) submitting this nomination on behalf of your organization. Please include all information requested.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominating organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION B (to be completed by nominee)

1. Please describe your interest in the NCPHA Emerging Leaders Program, including why you should be selected by the Committee to participate (please attach additional sheets if necessary).
2. Please describe how your participation in the Emerging Leaders Program might benefit your organization (please attach additional sheets if necessary).

III. In addition to participating in a leadership role in your organization are you interested participating on NCPHA committees, task forces or projects? 🞎Yes 🞎 No

 If yes, please describe your areas of interest and/or expertise.

If selected, I agree to participate in all designated elements of the Emerging Leaders Program (i.e., attend all meetings and develop a project.)

Signature of Nominee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any supplementary materials you would like the Committee to review concerning this nomination. Please return the completed nomination form by July 12, 2021 to:

Kim Dittmann: kdittmann@ncapha.org **Please include a jpg headshot with your nomination.**