



CAAHEP Recent Graduate Commissioner Nomination Form

Nominee Name _____

Address _____

Phone Number _____ (Home) _____ (Work)

Email Address _____

Employer _____

Occupation _____

Date Graduated _____

Briefly describe your interest in serving on CAAHEP's Commission as a representative of recent graduates and students currently enrolled in allied health education programs.

Reference (preferably educational program director) _____

Institution _____

Phone Number _____

Briefly describe why you believe this individual is a good candidate for CAAHEP's Recent Graduate Commissioner. Include information about his/her involvement in campus activities, professional activities, employment experiences and any other relevant information.

Please return this form to the attention of the Executive Director, CAAHEP, 1361 Park Street, Clearwater, FL 33756