



CAAHEP is Looking for Leaders to Serve on the Board of Directors

CAAHEP is searching for qualified candidates to fill important leadership openings on the Board of Directors. Elections will be held on Monday, April 16, 2018, at Hyatt Regency Louisville in Kentucky.

The following are the positions on the Board of Directors that need to be filled:

Five 3-year positions (July 1, 2018-June 30, 2021)

- One representative from Sponsoring Organizations
- Two representatives from Committees on Accreditation (there is one eligible incumbent)
- One representative from the Association of Schools of Allied Health Professions (ASAHP)
- One representative from the National Network of Health Career Programs in Two-Year Colleges (NN2)

Nominee eligibility requirement:

All nominees must be Commissioners or Commissioners-Designate of CAAHEP. Organizations or individuals submitting nominations must obtain the consent of the nominee.

Nomination material:

To be considered by the Nominating and Elections Committee, the following four items must be received in the CAAHEP Office no later than close of business on Monday, March 5, 2018.

Sample letters and forms are included in this packet. Please email the completed nominations material to megivern@caahep.org.

1. **Nomination Letter**
2. **Candidate's Consent to Nomination**
3. **Verification of Continued Appointment as a CAAHEP Commissioner** during term of office
4. **Personal Statement and Activity Form**

For additional information contact:

CAAHEP
25400 US Hwy 19 N., Suite 158
Clearwater, FL 33763
727-210-2350
megivern@caahep.org

NOMINATION LETTER

Date _____



Commission on Accreditation of Allied Health Education Programs
Attn: Nominating and Elections Committee
25400 US Hwy 19 N., Suite 158
Clearwater, FL 33763

Fax: 727-210-2354 / E-mail: megivern@caahep.org

Dear Nominating and Elections Committee:

I nominate _____ of _____ for the following elected
(Name) (City/State)

position for the Commission on Accreditation of Allied Health Educational Programs Board of Directors

The nominee represents the following community in CAAHEP as a Commissioner:

- _____ Sponsoring Organization
- _____ Committee on Accreditation
- _____ Association of Schools of Allied Health Professions (ASAHP)
- _____ National Network (NN2)

The nominee has been informed of this nomination and will submit the ***required Consent to Nomination form letter, Personal Statement and Activity Information, and Verification of Commissioner*** status to the address above **no later than Monday, March 5, 2018.**

(Signature)

(Print or Type Name)

(Street Address)

(City, State and Zip Code)

(Phone, Fax and E-mail)

CONSENT TO NOMINATION

Date _____



Commission on Accreditation of Allied Health Education Programs
Attn: Nominating and Elections Committee
25400 US Hwy 19 N., Suite 158
Clearwater, FL 33763

Fax: 727-210-2354 / E-mail: megivern@caahep.org

Dear Nominating and Elections Committee:

I have been nominated for an elected position for the Commission on Accreditation of Allied Health Educational Programs on the Board of Directors

I verify that I accept the nomination.

I am a **Commissioner (or Commissioner-designate)** to CAAHEP, representing

_____ which is a:

- _____ Sponsoring Organization
- _____ Committee on Accreditation
- _____ Sponsor of 4-year Educational Programs (ASAHP)
- _____ Sponsor of 2-year Educational Programs (NN2)

I will submit the ***Personal Statement and Activity Information*** to Megivern@caahep.org **no later than Monday, March 5, 2018**. I will also assure that my sponsoring organization submits ***a Verification of Commissioner*** status during the term on the Board by that date.

(Signature)

(Print or Type Name)

(Street Address)

(City, State and Zip Code)

(Phone, Fax and E-mail)

VERIFICATION OF COMMISSIONER STATUS

Date _____



Commission on Accreditation of Allied Health Education Programs
Attn: Nominating and Elections Committee
25400 US Hwy 19 N., Suite 158
Clearwater, FL 33763

Fax: 727-210-2354 / email: megivern@caahep.org

Dear Nominating and Elections Committee:

As either a Sponsoring Organization or a Committee on Accreditation of the Commission on Accreditation of Allied Health Educational Programs (CAAHEP), we verify that _____ is our current Commissioner to CAAHEP, or has been designated to become our Commissioner, effective July 1, 2018.

We acknowledge that the above-named Commissioner has been nominated for an elected position and that, if elected, the **Commissioner must continue to represent our organization during the term of office.**

We confirm that the candidate will continue as our Commissioner to CAAHEP for a period that will coincide with the term of office, if elected.

(Signature)

(Print or Type Name)

(Title)

(Organization/Institution)

(Street Address)

(City, State and Zip Code)

(Phone, Fax and E-mail)

Please mail or FAX to CAAHEP (727-210-2354) no later than March 5, 2018.



PERSONAL STATEMENT AND ACTIVITY FOR NOMINEES

Nominees for elected positions on the **Board of Directors** are required to submit the following information to the Nominating and Elections Committee. The *April 2018 CAAHEP Annual Meeting* materials will include information on each nominee based on the information you provide. This form must be submitted electronically as an editable Word file to Megivern@caahep.org.

(Name)

(Professional Degrees)

(Current Employment / Position Title)

(Name of organization you represent as a **CAAHEP Commissioner**)

Submit a **brief** personal statement, including your perceptions of **CAAHEP** and programmatic accreditation, and your goals if elected.

Describe current or recent activity in **CAAHEP** or programmatic accreditation.

List other relevant experience (*list no more than five*).

Return no later than March 5, 2018 to:

megivern@caahep.org