



Recent Graduate 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.

I understand the role and responsibilities of the Recent Graduate Member Commissioner and am willing to represent the CAAHEP Board of Directors and Commission in this capacity.

Signature _____ Date: _____

Nominee's Name: _____

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.