



## 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.