



**Arizona Area Health Education Centers Program  
Advisory Commission Member Nomination Form**

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Nominee's Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone \_\_\_\_\_  
Employer \_\_\_\_\_

**Requirements for Service: The membership of the commission shall be representative of the health workforce, health professions educators and community members of rural and urban medically underserved Arizona. The nomination form asks for a brief narrative regarding the nominee's professional and/or community experiences that addresses one or more of the following categories:**

- Educational institutional representation including universities and community colleges.
- Arizona health care entities including hospitals, clinics, and Arizona's public health services.
- Location of residence as community member and/or location of service as a health professional
- Health care provider or health professions educator
- Elected or appointed community leader with influence/commitment to addressing health related issues.
- Diversity as relevant to unique perspectives regarding rural and urban or medically underserved communities or populations in Arizona.
- Demonstrated commitment to serve Arizona's rural and urban medically underserved communities and populations

**Please describe those personal and professional attributes of the Nominee which address one or more of the requirements for service.**

*Please note that nomination does not assure appointment:*

Name of Nominator \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE SUBMIT THIS COMPLETED NOMINATION FORM AND THE CANDIDATE'S RESUME OR CURRICULUM VITA TO JENNIFER ZUNIGA ([jjuniga@email.arizona.edu](mailto:jjuniga@email.arizona.edu)) BY JULY 1, 2019

Date of this Form: JUNE 4, 2019