



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

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 (jzuniga@email.arizona.edu) BY AUGUST 31, 2020.