



## Accreditation Commissioner Nomination

(Self-nominations accepted)

NAHEC Accreditation brings national recognition to a health education center for its commitment to excellence, accountability, high professional standards, and continued institutional improvement. The Accreditation Program serves as NAHEC's primary vehicle for quality assurance, self-regulation, and public accountability. Developed and sustained by health education professionals, the program reflects, reinforces, and promotes best practices, institutional ethics, and the highest standards of health education center operations.

The Accreditation Commission reviews all applications for accreditation, assesses the applying organization's self study, communicates any questions, missing components and interim suggestions, grants or denies interim approval, oversees site visits, and grants or denies final accreditation. The Commissioners have expertise in the management aspects of health education centers - governance, staff, finances, fund development, program, and marketing.

**I nominate \_\_\_\_\_ for the National Association of Health Education Centers Accreditation Commission.**

- This person has read the Position Description and has indicated that he/she would be able to meet the requirements of the commission and has approved my nomination of him/her to the commission. *If not checked, the staff will follow-up with nominee.*

**I am nominating this person because they possess the following qualifications:** Please check those that apply and briefly explain. A brief resume may be submitted.

- Senior HEC professional with significant experience in all areas of HEC management and operations that they can form sound judgments on the total operations of a HEC:
- From academic, legal, financial, and/or business management fields with experience in working with HECs as board members, vendors, or consultants:

### Nominee Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Nominator Contact Information (if different)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_