



ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTHCARE 2026 BOARD NOMINATION FORM

I wish to nominate:

Candidate Name:		Degree(s):
Candidate Title:		
Organization:		
Address:		
City:	State:	Zip:
Phone:	E-Mail:	

As a candidate for Board of Directors of the Association for Ambulatory Behavioral Healthcare.

Attached are the following in support of this nomination:

- A paragraph describing the person's current position
- A summary of the nominee's relevant job, board, and volunteer experiences
- A brief statement of what the candidate brings to the Association
- A completed skills checklist
- Two "seconds" of the nomination

By signing, I affirm that I am an AABH member for the 2026 membership year.

Signed:	Date:
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If further details or clarification is needed, you can contact:

- Self-nomination (same contact as above)

Name:		Title:
Organization:		
Address:		
City:	State:	Zip:
Phone:	E-Mail:	

Return completed nominations packet to: info@aabh.org



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Please describe the candidate's current position:

Please summarize the candidate's relevant job and volunteer experience:

Brief statement about what the candidate brings to AABH as a board member:



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AABH Board of Directors – Skills Checklist

Please rate yourself on each of these areas to reflect your level of experience:

3 – High, 2 – Moderate, 1 – Low/not applicable

Academic/Research Setting	
Board of Directors Experience	
Electronic Medical Records	
Financial	
Grant Writing	
Human Resources	
Leadership	
Legal	
Lobbying	
Marketing/PR	
Organizational Management	
Outcomes Evaluation	
Program Development	
Public Speaking	
Recruitment/Retention	
Risk Management	
Strategic Planning	
Supervision	
Technology/IT	
Training/Education	

Organization Type	
CMHC PHP/IOP	
Hospital Based PHP/IOP	
Program Type	
Geriatric	
Adult	
Young Adult	
Adolescent	
Child	
Perinatal	
Dual Diagnosis	
Substance Abuse	
Trauma	
Eating Disorders	
Psychosis	
OCD	
ACT	
DBT	