



## 2025 AAPRA Educator Membership Nomination Form

### Nominations Open March 20 – May 16, 2025

This form duplicates the information requested on the online Submittable Nomination Form.  
Use this form to work with your nominee.

Name of Nominee  
 Name of Nominator (Must be a current AAPRA member)  
 Nominator Mobile Phone Number  
 Nominator Email

Name of Nominee      First    Last  
 Preferred Gender Pronoun  
     He/Him/His  
     She/Her/Hers  
     They/Them/Theirs  
     Prefer not to answer  
     Other / Comment

**CURRENT EMPLOYER**  
 Dates of Employment  
 Years & Months in Current Position  
 Job Title  
 Name & Position of Supervisor  
 Academic Institution Name  
 Address  
     Country  
     Address  
     City  
     State / Province                  Zip / Postal Code  
 Work Phone  
 Mobile Phone  
 Email

**CHARACTERISTICS OF CURRENT EMPLOYER**  
 Type of Entity – check box  
     College / University  
     Other

Describe Scope of Responsibility  
Chief Accomplishments to Date in Current Position

**PRIOR EXPERIENCES**

List prior experiences that total fifteen (15) years of high-level educational and/or administrative experience as of the year nominated.

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

**Prior Experience I**

Dates (to – from)  
Years/Months in Position  
Position Title  
College / University  
Other  
City/State  
Name & Position of Immediate Supervisor  
Describe Scope of Responsibility  
If applicable, describe scope of operation  
If applicable, describe size of staff  
If applicable, provide annual budget (capital & operating)  
If applicable, provide population served  
Chief Accomplishments in Position

Do you have additional prior experiences to list?            YES      NO

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

**Prior Experience II**

Dates (to – from)  
Years/Months in Position  
Position Title  
College / University  
Other  
City/State  
Name & Position of Immediate Supervisor  
Describe Scope of Responsibility  
If applicable, describe scope of operation  
If applicable, describe size of staff  
If applicable, provide annual budget (capital & operating)  
If applicable, provide population served  
Chief Accomplishments in Position

Do you have additional prior experiences to list?            YES      NO

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

Prior Experiences III

Dates (to – from)

Years/Months in Position

Position Title

College / University

Other

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

If applicable, describe scope of operation

If applicable, describe size of staff

If applicable, provide annual budget (capital & operating)

If applicable, provide population served

Chief Accomplishments in Position

Do you have additional prior experiences to list?            YES    NO

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

Prior Experiences IV

Dates (to – from)

Years/Months in Position

Position Title

College / University

Other

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

If applicable, describe scope of operation

If applicable, describe size of staff

If applicable, provide annual budget (capital & operating)

If applicable, provide population served

Chief Accomplishments in Position

Do you have additional prior experiences to list?            YES    NO

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

Prior Experiences V

Dates (to – from)

Years/Months in Position

Position Title

College / University

Other

City/State

Name & Position of Immediate Supervisor  
Describe Scope of Responsibility  
If applicable, describe scope of operation  
If applicable, describe size of staff  
If applicable, provide annual budget (capital & operating)  
If applicable, provide population served  
Chief Accomplishments in Position

Do you have additional prior experiences to list?            YES    NO

If prior experiences are non-academic, please provide scope of operation (recreation, parks, both parks & recreation, other), size of staff, budget, & population served if applicable.

#### EDUCATION

List degrees, workshops, schools, professional development (excluding conferences).  
Degree, Institution, Program Title(s) and Date.

#### CERTIFICATIONS

List current certifications, certifying organization (do not abbreviate), and year received.

#### JUSTICE EQUITY DIVERSITY AND INCLUSION (JEDI)

Describe your efforts to identify, address and advance justice, equity, diversity and inclusion efforts in your university, program, and the profession.

#### PROFESSIONAL LEADERSHIP & INVOLVEMENT

List professional leadership and involvement experiences including positions held at local, state, regional, national, or international organizations. Provide years of service, positions held and organization name. List most recent experiences first.

#### PUBLICATIONS & MAJOR PRESENTATIONS

Publications: provide publication name, article title, & date published. Productivity indices, such as Hirsch "H index" and i10 index should be noted.

Presentations: provide name of professional organizational conferences, title of presentation, date, and purpose of presentation.

#### HONORS & AWARDS

List individual awards first. Provide name of award, who bestowed award, and date received.

#### NOMINEE'S STATEMENT

#### UPLOAD SUPPORT LETTERS

##### Nominator's Support Letter

Support Letter Number 1 (must be from a current Academy member).

Support Letter Number 2 (may be from a current Academy member OR an executive director of a state park and recreation organization OR state president if that state does not have an executive director).