



**2024 AAPRA Practitioner/Professional Membership
Nomination Form
Nominations Open April 9 – May 30, 2024**

This form duplicates the information requested on the online Submittable Nomination Form.
You may 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
Current Title
Name & Position of Supervisor
Current Agency Name
Current Address
 Country
 Address
 City
 State / Province Zip / Postal Code
Current Work Phone
Current Mobile Phone
Current Email

CHARACTERISTICS OF CURRENT EMPLOYER
Population Served
 Under 20,000

21,000 – 49,000
 50,000 – 99,000
 100,000 – 249,000
 250,000 or more

Type of Entity

Municipality
 County / Parish
 Township
 Special District
 Other
 Describe

Current Scope of Operation

Parks only
 Recreation/community services only
 Both parks and recreation
 Other
 Describe

Current Size of Staff (PT & FT)

Current Annual Budget (capital & operating)

Describe Scope of Responsibility

Chief Accomplishments to Date in Current Position

PRIOR EXPERIENCES

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

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation

Parks only
 Recreation/community services only
 Both parks and recreation
 Other
 Describe

Size of Staff (FT & PT)

Annual Budget (capital & operating)

Population Served

Chief Accomplishments in Position

Do you have additional prior experiences to list? YES NO

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

Prior Experience II

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation

Parks only

Recreation/community services only

Both parks and recreation

Other

Describe

Size of Staff (PT & FT)

Annual Budget (capital & operating)

Population Served

Chief Accomplishments in Position

Do you have additional prior experiences to list? YES NO

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

Prior Experiences III

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation

Parks only

Recreation/community services only

Both parks and recreation

Other

Describe

Size of Staff (PT & FT)

Annual Budget (capital & operating)

Population Served

Chief Accomplishments in Position

Do you have additional prior experiences to list? YES NO

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

Prior Experiences IV

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation

Parks only

Recreation/community services only

Both parks and recreation

Other

Describe

Size of Staff: (PT & FT)

Annual Budget (capital & operating)

Population Served

Chief Accomplishments in Position

Do you have additional prior experiences to list? YES NO

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

Prior Experiences V

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation

Parks only

Recreation/community services only

Both parks and recreation

Other

Describe

Size of Staff (PT & FT)

Annual Budget (capital & operating)

Population Served:

Chief Accomplishments in Position

Do you have additional prior experiences to list? YES NO

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

Prior Experiences VI

Dates (to – from)

Years/Months in Position

Position Title

Agency Name

City/State

Name & Position of Immediate Supervisor

Describe Scope of Responsibility

Scope of Operation:

Parks only

Recreation/community services only

Both parks and recreation

Other

Describe

Size of Staff (PT & FT)

Annual Budget (capital & operating)

Population Served

Chief Accomplishments in Position

EDUCATION

List degrees, workshops, schools, professional development (excluding conferences) delete certifications).

Degree, Institution, Program Title(s) and Date

CERTIFICATIONS

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

JEDI

Describe your efforts to identify, address and advance justice, equity, diversity and inclusion efforts in your agency, programs and services, access, and overall community.

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 names, titles, & date published.

Presentations: Provide name of professional organizational conferences, title of presentation, date; and purpose of presentation before governmental bodies.

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)