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

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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.

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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)