

Proposed Committee (REQUIRED): _____

Date: _____

Re-nomination: ___ Yes ___ No

CANDIDATE INFORMATION FORM

NAME AND TITLE:

First	Middle	Last	Position/Title
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INSTITUTION:

ADDRESS:

PHONE: _____ FAX: _____ EMAIL: _____

NAME AND EMAIL OF ENDORSER: _____

Section Affiliations: _____ Degrees: _____

Honors: _____

Are you under 45 years of age? ___ Yes ___ No

Have you attended an EB Meeting within the last 3 years? ___ Yes ___ No

APS Service: (committees, sections, etc.)

**Prior institutional/public service activities relevant to the committee on which you would like to serve:
List of Academic Interests: (including no more than 2 recent publications/citations)**

Please explain your interest in serving on this committee including how your prior experience is relevant to the committee goals

PLEASE EMAIL COMPLETED FORM TO:

**American Physiological Society
nominations@the-aps.org**

Please keep a copy of this form for your records.