

**Pennsylvania Certification Board  
2012 Annual Awards  
Nominations Due By February 10, 2012**

PCB is pleased to announce awards to be presented to deserving individuals and programs for outstanding service and efforts to the certification process and the substance abuse and other behavioral health field. Awards will be presented at the PCB Annual Conference to be held at the Sheraton Harrisburg-Hershey on April 16-17, 2012.

**Award recipients will be honored at the Awards Luncheon held during the PCB Annual Conference in April; receive a plaque; receive recognition in the PCB Newsletter and website; receive a free registration to the PCB Annual Conference and for one guest; Certified Professional of the Year will also receive their next renewal (recertification) fee waived as well.**

Please take a moment to nominate a deserving individual or program for these prestigious awards. Help PCB and the field celebrate excellence!

**Certified Professional of the Year** recognizes an individual who is **currently fully credentialed** and in good standing with the PCB and has made a demonstrable contribution to the service of or treatment in the chemical dependency field through their work and/or personal efforts.

Candidates must:

- Hold a current and valid PCB credential;  
(CADC, CAADC, CCS, CPS, CCJP, CCDP, CCSM, CCMS, CAAP, CRS)
- Demonstrate leadership;
- Achieve results;
- Advocate for consumers;
- Exemplify ethical standards set forth by the PCB Code of Ethical Conduct.

**Presidents Award** recognizes the contributions of a **non-certified professional or licensed facility/program** that have demonstrated support of and advocacy for the certification process and the chemical dependency field.

Candidates must:

- Act with courage and vision;
- Demonstrate leadership and contributions beyond the work of the agency;
- Not hold certification from PCB;

- Produce public benefit and/or social change;
- Be licensed or monitored by the PA Department of Health or Public Welfare (if a facility or program);
- Demonstrate advocacy for the certification process.

**Nominating Process/Procedures:**

1. Complete the PCB Awards Nomination Form on the next page filling in all requested information.
2. Provide a **one-page summary** of the contributions/accomplishments of the nominee.
3. Supporting documentation may be submitted but is not required (i.e. letters of recommendation, newsletter or newspaper articles containing information about the nominee or the program, resume of nominee).
4. The selection process for Certified Professional of the Year is completely anonymous and is without any involvement from the PCB Board of Directors or staff. The selection committee consists of certified professionals who are not members of the Board of Directors. Names of the nominees and nominators are not known to the selection committee. The selection process for the President's Award is done by the PCB President and Executive Committee.

**Nominations are due to the PCB Office by February 10, 2012. Mail to PCB, 298 S. Progress Avenue, Harrisburg, PA 17109 or fax to (717) 540-4458. Questions can be directed to the PCB Office at (717) 540-4455 or at [info@pacertboard.org](mailto:info@pacertboard.org).**

**PCB Awards Nomination Form**  
**Due by February 10, 2012**

Please print neatly or type and return to PCB, 298 S. Progress Ave., Harrisburg, PA 17109

I am pleased to nominate the following individual or program:

Name of Nominee \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**I am nominating this individual or program for the following award: (check only one)**

(     )     **Certified Professional of the Year Award**

(     )     **Presidents Award**

*Please attach a one-page, typed or neatly printed, summary of nominee's contributions.* Nominee's identity should not be mentioned in the summary. Nominee's name should only be written on this form.

Your name as nominator \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Nominator Signature \_\_\_\_\_

Date \_\_\_\_\_

This nomination is submitted with the full support and endorsement of the agency/facility and/or its Director. (     )YES (     )NO