

# AWARDS NOMINATION FORM

Please type or print only. Due by February 20, 2015.

***I am pleased to nominate the following individual or program:***

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

Email of Nominee: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

***I am nominating this individual or program for the following award:***

*(check only one)*

Certified Professional of the Year

Presidents Award

## ***NOMINATOR INFORMATION***

Name : \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Date: \_\_\_\_\_

***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.

***This nomination is submitted with the full support and endorsement of the agency/facility and/or its Director.***

YES  NO