

# AWARDS NOMINATION FORM

**Return by November 22nd to:**  
Honors and Awards Committee,  
NJSHA, 203 Towne Centre Drive,  
Hillsborough, NJ 08844-4693



**AWARD NOMINATION** (please check one box)

- Honors of the Association
- Program of the Year
- Distinguished Clinical Service
- Distinguished Professional Service
- Distinguished Achievement
- Distinguished Service Award

**INDIVIDUAL NOMINEE**

Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Specialty: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Employer (for notification): \_\_\_\_\_  
 \_\_\_\_\_  
 Degree(s): \_\_\_\_\_  
 Certification(s): \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**ORGANIZATIONAL NOMINEE**

Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person (for notification): \_\_\_\_\_  
 \_\_\_\_\_  
 Degree(s): \_\_\_\_\_  
 Certification(s): \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**SUPPORTING MATERIAL** (please include the following for each nominee)

1. Nomination Form
2. Letter of Recommendation that describes the qualifications of nominee for the award and any special circumstances (please provide as much detail as possible)
3. Curriculum vitae of the nominee (if available)
4. Additional documentation that supports nomination (e.g. publicity, publications, additional letters of recommendation) *(Optional)*
5. Please include a name and phone number of another person who could support the nomination:

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

**SUBMITTED BY**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_