

AWARDS NOMINATION FORM

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
- Volunteer of the Year 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) Note: Two (2) Letters of Recommendations are required for the Honors of the Association, Distinguished Clinical Service and Distinguished Professional Service Awards.
3. Curriculum vitae of the nominee
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: _____



Return by February 3, 2012 to:

Honors and Awards Committee,
NJSHA Office
66 Witherspoon Street, Suite 337
Princeton, NJ 08542
FAX 1-888-729-3489
Email info@njsha.org