

## AWARDS NOMINATION FORM – DEADLINE IS FEBRUARY 3, 2020

### AWARD NOMINATION: *(Please check one box)*

I would like to submit the following name for consideration of the award indicated:

- |   |   |
|---|---|
| <input type="checkbox"/> Honors of the Association                | <input type="checkbox"/> Distinguished Professional Service Award |
| <input type="checkbox"/> Program of the Year                      | <input type="checkbox"/> Distinguished Service Award              |
| <input type="checkbox"/> Distinguished Clinical Achievement Award | <input type="checkbox"/> New Professional Award                   |
|   | <input type="checkbox"/> Humanitarian Award                       |

### NOMINEE INFORMATION:

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

Specialty/Degree: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**NOTE:** All nominees, except Distinguished Service Award and New Profession Award, must have been a NJSHA member in good standing for at least five (5) years including year of the award. The New Professional nominee must have been a NJSHA member in good standing for at least three (3) years including the award year.

### PLEASE INCLUDE:

1. This completed nomination form
2. Nominator's letter describing the qualifications of the nominee for the award and any special circumstances (please provide as much detail as possible)
3. Two letters of support for this person's nomination
4. Additional information, documentation that supports nomination (e.g., publicity, publications, additional letters of recommendation) (optional)

**SUBMITTED BY:** *(Self-nominations will not be considered.)* Note: nomination must be made by a NJSHA member in good standing.

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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



**Return by**  
**February 3, 2020:**  
NJSHA Office  
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Princeton, NJ 08542  
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