

AWARDS NOMINATION FORM – DEADLINE IS MARCH 17

AWARD NOMINATION: *(Please check one box)*

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

INDIVIDUAL NOMINEE:

Name: _____
Specialty/Degree: _____
Position/Employer: _____

Phone: _____
E-mail: _____

ORGANIZATIONAL NOMINEE:

Name: _____

Address: _____

Contact Person (for notification): _____

Phone: _____
E-mail: _____

NOTE: All nominees, except Distinguished Service Award and New Professional 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.

SUPPORTING MATERIAL: *(Please include the following for each nominee)*

1. 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
March 17, 2023:
NJSHA Office
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Princeton, NJ 08542
FAX 412-366-8804 | E-MAIL info@njsha.org