

AWARDS NOMINATION FORM – DEADLINE IS FEBRUARY 7

AWARD NOMINATION *(please check one box)*

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

- 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 7, 2014:
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 174 Nassau Street, Suite 337
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 FAX 1-888-729-3489 | Email info@njsha.org