



# ASCP Member Excellence in Education Award Nomination Form

**Part A. Background Information** *Nominee must be a Member of ASCP actively involved in a medical laboratory education program.*

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

ASCP ID # (if available): \_\_\_\_\_

Title: \_\_\_\_\_

Education: \_\_\_\_\_

Certification Category(ies): \_\_\_\_\_

Work History

Current: \_\_\_\_\_

Past: \_\_\_\_\_

The information requested below is extremely important to the recipient selection process.

**Part B. Letters of Support** *(from a pathologist, laboratory administrator or manager, immediate supervisor, student, graduate, faculty member, or peer) should include:*

1. Examples of outstanding performance in teaching through work in the classroom/clinic or through development of effective teaching methods and/or instructional materials.
2. Examples of whether personal and professional development of the student is a high priority of the nominee.
3. Demonstrated professionalism and service as a role model and mentor to his/her students and peers.

**Part C. Additional Information should include:**

1. ASCP and ASCP Member activities.
2. Nominee's services to the community.
3. How the nominee has enhanced the image of laboratory medicine.
4. Awards and/or formal recognition in the field of laboratory medicine.
5. *Curriculum Vitae (CV)* Submit a CV which details publications, teaching activities, workshops, presentations, and continuing education. If a CV is not available, please list examples of each on a separate sheet.

Nominator Name: \_\_\_\_\_  
*(your name)*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Return this nomination form, letters of support  
and any additional information to:**

ASCP Awards Chair  
c/o Lucy Beck, ASCP  
33 West Monroe St., Suite 1600  
Chicago, IL 60603  
E-mail: [lucy.beck@ascp.org](mailto:lucy.beck@ascp.org)  
Fax: 312.541.4767

*For consideration for a 2010 award,  
please submit by March 12, 2010*