



# Nomination Form

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

ASCP Membership # \_\_\_\_\_  
(if known)

Certification: \_\_\_\_\_

Present Position: \_\_\_\_\_  
(Include title and brief description):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Demonstrated Commitment To The Profession:

(Give a specific written explanation of all that apply, using the list below as an example. Tell us why you believe this person is deserving of this award. Attach additional sheets, if necessary.)

- Exhibits excellent work ethics
- Promotes teamwork among laboratory professionals
- Recruits students into the profession
- Promotes the profession in local outreach programs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Promotes The Profession Through ASCP Activities:

(Give a specific written explanation of all that apply, using the list below as an example. Tell us why you believe this person is deserving of this award. Attach additional sheets, if necessary.)

- Represents the profession and ASCP in local outreach programs
- Represents the profession and ASCP at Local Community Career fairs
- Communicates member needs to the Council of Laboratory Professionals
- Represents the profession and ASCP while working with other organizations to promote the profession
- Promotes National Medical Laboratory Week through ASCP activities
- Staff assists at Regional and/or National meetings
- Volunteers time to serve on ASCP committees/task forces
- Recruits new ASCP members

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Submitted By: \_\_\_\_\_

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

Date: \_\_\_\_\_

**NOMINATORS:** Return completed nomination form by September 15, 2009 to the appropriate ASCP Council of Laboratory Professionals Regional Representative.

**ASCP Council of Laboratory Professionals:**  
Return completed forms by October 3, 2009 to:

**ASCP Membership**  
33 W. Monroe St.  
Suite 1600  
Chicago, IL 60603-5617  
**Phone:** 312-541-4978  
**Email:** Betty.Sanders@ascp.org  
**Fax:** 312-541-4767