

## **ASCLS-IL Educator of the Year Award NOMINATION FORM**

Purpose: This award serves to recognize an ASCLS-IL member/educator for outstanding achievements, contributions, and service to the professional and celebrates the value of professional ability and commitment.

This Nominee is submitted by:

\_\_\_\_\_

(Name, Branch, and email)

### ***NOMINEES' INFORMATION:***

Name: \_\_\_\_\_ ASCLS # \_\_\_\_\_

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

\_\_\_\_\_

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

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

Email \_\_\_\_\_

Years of Service in ASCLS-IL \_\_\_\_\_

Briefly describe the educational activity(ies)/contributions/achievements for which nominee is being recognized:

**NOMINATION DEADLINE: January 15<sup>th</sup>**  
Submit via email to Awards Committee Co-Chairs  
Please refer to <http://asclsil.org/Awards.html>