

COHNA-ACIIST Award of Excellence Nomination Form

Nominee Information

Name:

Address:

Contact: Home:

Work:

Email:

Provincial Association (attach proof of membership):

Years as OHN:

Years as COHNA-ACIIST member:

Employment Information

Place of Employment:

Position:

Address:

Employment Years of Service:

Person Reporting to in Organization:

Title:

Address:

Email Address:

Do you wish us to send a letter of acknowledgement to your employer?

Yes No

Nominator's Signature:

Date:

Second Nominator's Signature:

Date:

Documentation of qualifications and contributions of the Nominee based on selection criteria, including demonstration of active involvement at a provincial or national level of the OHN Association:

Nominee Consent

Should I be a successful candidate, I do do not consent to my name and picture being posted on the COHNA website.

Nominee Name:

Signature:

Date:

Please attach any supporting documentation based on selection criteria.