COHNA ACIIST

COHNA-ACIIST Award of Excellence Nomination Form

Nominee Information

Name:
Address:
Contact: **Home:** **Work:**
Email:

Years as OHN:
Years as COHNA-ACIST 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.