

COHNA



ACIIST

Nomination Information for: COHNA/ACIIST Award of Excellence

Nominee Name: _____

Nominee's Address: _____

Nominee's Telephone Number: (H) _____ Fax: _____

(W) _____ Email: _____

Registering Province: _____

Active COHNA/ACIIST Membership (Province): _____

Years as OHN: _____ **Years as COHNA/ACIIST member:** _____

Place of Employment: _____

Position: _____

Address: _____

Employment Years of Service: _____

Person reports to in organization: _____

Title: _____

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 the 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.

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

Nominee's Consent:

Signature: Nominee Name _____

Date: _____

NB: Attach a copy of provincial/COHNA-ACIIST Membership

Please attach any supporting documentation based on selection criteria