



NOMINATION FORM FOR AWARDS

1. **Nominee** _____
Address _____
Telephone Number: Home (_____) _____ Work (_____) _____ Cell (_____) _____
FAX (_____) _____ E-mail _____
Position/Occupation _____
Employer _____
Business Address _____
PNASC current member Yes No Number of years as a member _____

2. **Type of award** the nominee should be considered. Check one.
 Clinical Administration Research
 Education Community Service Entrepreneur

3. **Justification**
In more specific terms, please indicate on a one-page summary (no more than 350 words) why you think your nominee deserves the award. Indicate only the significant achievements or outstanding contributions of the nominee in the particular award category. Submit biodata/resume, documents to support significant achievements and contributions, research paper and a 2x2 size recent photo. To be considered as potential awardee, the nominee must have a score equal or greater than (>) 90%. Electronic documents are preferred, however, hard copies are acceptable.

If chosen as an awardee, your physical presence is required to attend the award ceremony on May 7, 2011.

4. **Attestation**
I attest to all facts contained in this form and give permission for said facts to be verified and/or used for publication.
Signature of Nominee _____ Date _____

5. **Nomination**
I wish to nominate the person mentioned above as for the award as indicated.
Signature of Nominator _____ Date _____
Name of nominator _____
Address _____
Telephone Number: Home (_____) _____ Work (_____) _____ Cell (_____) _____
FAX (_____) _____ E-mail _____

Completed nomination form, justification, photo, and supporting documents must be received by March 25, 2011.
Late entries will be invalidated.

Mail/E-mail nomination forms and requirements to: [PNASC Awards Committee](#)
P. O. Box 533
Walnut, CA 91788-0533
E-mail: rnwarlie@gmail.com