



Speech and Hearing BC

## NOMINATION FORM for PROFESSIONAL OF THE YEAR AWARD

I, \_\_\_\_\_, do hereby submit a nomination for the following award (check one):

\_\_\_\_\_ **Audiologist of the Year**

\_\_\_\_\_ **Speech-Language Pathologist of the Year**

These awards are given to individuals who have been nominated by clients and/or client families and who are members of Speech and Hearing BC/SAC and registered with CSHHPBC. These awards will be presented to those individuals or groups that have contributed to the growth of the professions of Audiology and Speech-Language Pathology exemplifying the vision or mission of the professions for client outcomes and care.

### Nominee Details:

Name: \_\_\_\_\_

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

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

### Nominator Details:

Name: \_\_\_\_\_

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

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

***Please attach a letter detailing your reasons for your nomination.*** Information to support the application for the award may include a recent or ongoing achievement, an outstanding service comment or story

Signature of Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

**You must be aged 18 or over to submit a nomination. Please send this form and supporting letter to: Speech and Hearing BC, #402-1755 West Broadway, Vancouver, BC V6J 4S5. Documents can be e-mailed to [janet@speechandhearingbc.ca](mailto:janet@speechandhearingbc.ca) or faxed to 604-736-5606.**