



Speech and Hearing BC

NOMINATION FORM for SPEECH AND HEARING BC AWARDS OF THE ASSOCIATION

I, _____, a member in good standing of Speech and Hearing BC, do hereby submit a nomination for the following award (check one):

_____ **Distinguished Service Award**

This award is presented to individuals who are not speech-language pathologists or audiologists, but who have made outstanding contributions to the professions and/or the communities they serve

_____ **Honours of the Association**

Honours of the Association are awarded to Members who have made outstanding contributions to speech-language pathology and/or audiology in education, research, organizational services, administration and other areas deemed appropriate.

_____ **Award in Recognition of Service**

Awarded to members whose special efforts and contributions, through volunteer services for Speech and Hearing BC and related organizations, have contributed to the growth of the professions of Audiology and Speech-Language Pathology.

Nominee Details:

Name: _____

Address: _____

Email: _____ Phone: _____

Nominator Details:

Name: _____

Address: _____

Email: _____ Phone: _____

Please attach a letter detailing rationale for nomination, curriculum vitae, noteworthy aspects of his/her professional career, etc.

Signature of Nominator: _____

Signature of Seconder: _____

Date: _____

Nominations will be considered only if relevant information is supplied at the time of submission. Please include sufficient detail to allow the Awards Committee to adequately evaluate the merits of the nomination and/or prepare the subsequent citation. Please email janet@speechandhearingbc.ca, or fax (604-736-5606), or mail to Speech and Hearing BC, Attention Chair, Awards Committee, #402, 1755 West Broadway, Vancouver, BC, V6J 4S5.



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**

This 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 or faxed to 604-736-5606.