

NOMINATION FORM for SPEECH AND HEARING BC AWARDS OF THE ASSOCIATION

	, a member in good standing of Speech and Hearing BC, do nerei
submit a r	nomination for the following award (check one):
Di	istinguished Service Award
Tł	nis award is presented to individuals who are not speech-language pathologists or audiologists, but
W	ho have made outstanding contributions to the professions and/or the communities they serve
н	onours of the Association
	onours of the Association are awarded to Members who have made outstanding contributions to
	peech-language pathology and/or audiology in education, research, organizational services,
ac	dministration and other areas deemed appropriate.
	ward in Recognition of Service
	warded to members whose special efforts and contributions, through volunteer services for Speech
	nd Hearing BC and related organizations, have contributed to the growth of the professions of
Al	udiology and Speech-Language Pathology.
Nominee	Details:
Name:	
Address:	
Auuress.	
Email:	Phone:
Nominata	or Detaile.
Name:	Details.
rtaine.	
Address:	
Email:	Phone:
	
Please att	ach a letter detailing rationale for nomination, curriculum vitae, noteworthy aspects of his/her
	pal career, etc.
Signature	of Nominator:
oigilatai c	
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 send the application via email to janet@speechandhearingbc.ca, or by mail to Speech and Hearing BC, Attention Chair, Awards Committee, #410, 1755 West Broadway, Vancouver, BC, V6J 4S5.



NOMINATION FORM for PROFESSIONAL OF THE YEAR AWARD

l,	, do hereby submit a nomination for the follow	ing award
(check one):		J
Audiolo	gist of the Year	
Speech-	Language Pathologist of the Year	
who are be prese professi	ard is given to individuals who have been nominated by clients and/or client members of Speech and Hearing BC/SAC and registered with CSHBC. These ented to those individuals or groups that have contributed to the growth of ons of Audiology and Speech-Language Pathology exemplifying the vision of essions for client outcomes and care.	se awards will the
Nominee Detail	<u>s:</u>	
Name:		
Address:		
Email:	Phone:	-
Nominator Deta	ails:	
Name:		
Address:		
Email:	Phone:	-
application for t comment or sto	letter detailing your reasons for your nomination. Information to support he award may include a recent or ongoing achievement, an outstanding serry. minator:	
Date:		

You must be aged 18 or over to submit a nomination. Please send this form and supporting letter to: Speech and Hearing BC, #410-1755 West Broadway, Vancouver, BC V6J 4S5. Documents can be e-mailed to janet@speechandhearingbc.ca.