

NOMINATION FOR THE RECOGNITION OF EXCELLENCE

I. PERSONAL DATA

Nominee: _____
(First Name) (Last Name)

CMLTA Registration Number: _____

Home Address: _____

(City) (Province) (Postal Code)

Telephone: _____
(Home) (Work)

Email: _____

II. EMPLOYMENT HISTORY

- Include employer's name, address, position held, and dates for each place of employment.

III. EDUCATIONAL DATA

1. Post secondary (place, dates, degree(s) or diploma(s) received)

2. Academic or professional/scientific awards and distinctions

3. Professional development and/or continuing education

IV. ACTIVITIES DIRECTLY INVOLVED WITH SUPPORTING THE PROFESSION

1. Worksite related

2. Provincial level (e.g. CMLTA) (if applicable)

3. National level (e.g. CSMLS) (if applicable)

4. Other involvement in the field of continuing education for Medical Laboratory Technologists.

V. PROFESSIONAL LEADERSHIP

1. Provide details and give examples of the nominee's outstanding contributions to patient safety and care, the healthcare team, etc.

2. Provide details and give examples of how the nominee's adherence to the CMLTA's Standards of Practice and Code of Ethics make the nominee a role model and/or mentor.

VI. ADDITIONAL INFORMATION (Use this space to provide any other relevant information or additional comments)

PROPOSED BY:

(First Name)

(Last Name)

(Qualifications)

Home Address: _____

(City)

(Province)

(Postal Code)

Email: _____

SECONDED BY:

(First Name)

(Last Name)

(Qualifications)

Email: _____