



ASCLS - ND MEMBER OF THE YEAR

PURPOSE

The ASCLS-ND Member of the Year Award is awarded each year to recognize a member of the American Society for Clinical Laboratory Science-North Dakota who has contributed significantly to the field of clinical laboratory science, to the Society, and who has, by outstanding example, inspired others during their time as an active member in the organization.

NOMINATION

Nominations for ASCLS-ND Member of the Year are accepted from any active member of the organization. Members who have made significant contributions during the past year and members who have a long history of contribution should be considered for nomination. Nominations should be submitted to the ASCLS-ND Awards Chairperson.

SELECTION

The recipient of this award is selected by the Awards Chair and at least two members of the Board for his/her contribution to the profession and ASCLS over the entire duration of their membership.

All nominees are evaluated by their involvement in 4 categories:

1. ASCLS activities to include length of membership and participation at local, state, regional and national levels.
2. Participation in honor organizations related to the clinical laboratory sciences.
3. Professional honors bestowed for ASCLS activities.
4. Contribution to the profession to promote clinical laboratory sciences in the community.



ASCLS – ND MEMBER OF THE YEAR NOMINATION FORM

To be completed by any member of ASCLS-ND

ELIGIBILITY REQUIREMENTS

1. Membership in ASCLS for **five years** prior to nomination. Membership must be current at the time of presentation.
2. Nominee must be actively involved in the profession of clinical laboratory science.

NOMINEE INFORMATION

(name of nominee)

(street address) (city) (state) (zip)

(business phone, include area code) (home phone, include area code)

(E-mail address)

Please describe in the space below or attach an explanation of why the candidate merits the award.

NOMINATOR INFORMATION

(Name of person nominating)

(street address) (city) (state) (zip)

(business phone, include area code) (home phone, include area code)

(E-mail address)

MEMBERSHIP VERIFICATION by Awards Chair _____