

## *Distinguished Service Award Nomination*

This award is presented annually to a Speech-Language Pathologist or Audiologist or individual **who is a CASHA member in good standing**, and who has made outstanding contributions to the fields of Speech-Language Pathology or Audiology, to the communicatively impaired, or to professional organizations that serve these groups. Please use the form below to submit your nomination by **October 1, 2017**. Please mail to: Susanne Poulette, 59 Brenden Ct., Clifton Park, NY 12065, or email to: [spoulette@nycap.rr.com](mailto:spoulette@nycap.rr.com) with "CASHA DSA" in the subject line. Thank you for your nomination.

From: \_\_\_\_\_ Title \_\_\_\_\_ **CASHA Member? Yes \_\_\_ No \_\_\_**  
*If "No," the nomination cannot be considered. Only current CASHA members may nominate a candidate.*

Work Ph.: \_\_\_\_\_ Home/Cell Ph.: \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF NOMINEE:

\_\_\_\_\_

***IS THIS NOMINEE A MEMBER OF CASHA? Yes \_\_\_\_\_ No \_\_\_\_\_*** *If "No," the nominee cannot be a candidate for this award.*

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Work Address & Phone \_\_\_\_\_

Work Position & Title \_\_\_\_\_

Credentials: \_\_\_\_\_

Professional Accomplishments/Reason for Nomination: \_\_\_\_\_

\_\_\_\_\_

Additional reasons for nominating this person for the Distinguished Service Award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the nominee's resume if possible.