

## ASCLS-NE AWARD OF EXCELLENCE 2016

### SELECTION CRITERIA:

1. The nominee must have been employed by the nominating facility for at least one year.
2. The nominee must be either a Medical Technologist/Clinical Laboratory Scientist or a Medical Laboratory Technician/Clinical Laboratory Technician certified by a national certifying agency.
3. Only one MT/CLS/MLS or MLT/CLT may be nominated per facility.
4. Any healthcare employee may do the nominating.
5. Officers of ASCLS-NE are not eligible for this award.
6. IMPORTANT: The nominee need not be a member of ASCLS-NE to be eligible.

### INSTRUCTIONS:

1. Complete the information below and the Nomination Form as thoroughly as possible.
2. If you wish, an essay of no more than 200 words explaining why you think the nominee merits the award can be added to the back of the nomination form.
3. Email both forms to: Lynnett Paneitz at [awards@ascls-ne.org](mailto:awards@ascls-ne.org)
4. All nominations must be postmarked or emailed by March 25<sup>th</sup>, 2016. All responses after this date will be ineligible.

Name of Nominee: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment address: \_\_\_\_\_

Nominee's Certification Agency and #: \_\_\_\_\_

Educational Program Attended: \_\_\_\_\_

Additional Education/Specialty: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

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## Nomination Form

Name of Nominee: \_\_\_\_\_

Position of Employment: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Briefly describe qualities of the nominee in each area:

### **General Attitude**

### **Job Related Skills**

### **Professionalism**

### **Interpersonal Skills**

### **Initiative / Motivation**

### **Dependability**

### **Leadership**

### **Community Involvement**

If you wish, an essay of no more than 200 words explaining why you think the nominee merits the award can be added on the back of the form.