**EDWARD P. DOLBEY AWARD**

**ASCLS-PA MEMBER OF THE YEAR**

**Nomination Form**

**Instruction to the Nominator: Please type. Where there is inadequate room for all your information, continue on additional sheets of paper using the nomination form format. It is permissible to use a word processor; however, be sure the appropriate format and section numbers are used. No Curriculum Vitae will be accepted for consideration. Return the completed form by the February 1 deadline to the ASCLS-PA Awards Committee Chair. Please attach a letter/essay, no less than 250 words, detailing why you think this nominee is deserving of this award.**

**Section 1: Name** Click or tap here to enter text.

**Nominee Name:** Click or tap here to enter text.

**Nominee Address:** Click or tap here to enter text.

**Section 2: Membership in ASCLS**

Membership #: Click or tap here to enter text. Join Date: Click or tap to enter a date.

 (date must be prior to August 1)

**Section 3: Education:**

|  |  |  |
| --- | --- | --- |
| **Name of Institution:** | **Degree Conferred** | **Dates attended** |
| Undergraduate: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Graduate: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Additional Specialized Training: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section 4: Professional Certification:**

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| --- | --- |
| **Certification:** Click or tap here to enter text. | **Certification Body:** Click or tap here to enter text. |
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**Section 5: Professional Employment and Experience:**

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| --- | --- | --- |
| **Current Position or Title:** | **Current Employer:** | **Employer Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Previous positions:** |  |  |
| Click or tap here to enter text. |  |  |
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**Section 6: Professional Activities:**

**Offices Held: (President, Past-President, Treasurer, Secretary, Board)**

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| **Office Held:** | **Dates:** |
| **ASCLS-PENNSYLVANIA:** |  |
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| **ASCLS-PA District Society:** |  |
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| **ASCLS REGION II:** |  |
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**Committee Activities:** (Committee Chair or member, Task Force)

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| **Activity:** | **Chair:** | **Member:** | **Dates:** |
| **ASCLS-PENNSYLVANIA:** |  |  |  |
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**Delegate Activities:** (list years and location)

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| **Year:** | **Location:** |
| **ASCLS-PENNSYLVANIA:** |  |
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**Developing Professional Forum Activities:**

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| **Seminar:** | **Date:** | **Location:** |
| **ASCLS-PENNSYLVANIA** |  |  |
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| **ASCLS:** |  |  |
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**Section 6: Honors, Presentations, Publications, Other Professional Activities:**

**ASCLS Professional Awards, Honors, Recognitions:**

*List award and the year(s) received.*

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| --- | --- |
| **AWARD** | **Year(s)** |
| **ASCLS-PENNSYLVANIA:** |  |
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| **ASCLS District Society:** |  |
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**Membership/Activities in other Laboratory Related Professional Societies:**

AABB, AACC, Alpha Mu Tau, ASCP, ASH, ASM, CLMA, etc.

*List organization, position, and years*

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| **Paid Membership** | **Position** | **Years** |
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**Professional Presentations:**

*List title, meeting, and date; do NOT include work related presentations.*

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| **Title:** | **Meeting:** | **Date:** |
| National: |  |  |
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**Professional Publications:**

*List title, publisher or journal/newsletter, year. Do NOT include work related publications.*

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| --- | --- | --- |
| **Title:** | **Publisher:** | **Year:** |
| National: |  |  |
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**Service to the Profession: (activities NOT outlined previously) Board of Registry/NCA, legislative activities, health fairs**

*Describe activity and year completed, be specific. Do NOT include work related activities.*

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| **Activity:** | **Year:** |
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**Section 7: ESSAY- The nominator must attach a letter/essay of no less than 250 words detailing other pertinent information to be considered when selecting the Dolbey Award recipient.**

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| Click or tap here to enter text. |

2/2016, 10/2018