

APIC NEO Legacy Award Nomination

Nominate a colleague for outstanding contribution to the practice of infection prevention and control and service to APIC NEO Chapter 017 throughout their career.

Application Due: August 30 each year and emailed to Nominating Chairperson –

Chris Cooper - Christine.Cooper2@UHhospitals.org

The APIC NEO Board establishes the Legacy Award criteria.

Criteria include:

The APIC NEO Legacy Award was established to honor a member who has demonstrated a tireless commitment in the support of the Infection Prevention profession at the local level. This member displays:

* + - * Clear evidence of active involvement in APIC NEO
			* Positively represents the profession
			* Promotes the development of others
			* 10 Years Minimum length of APIC NEO membership
			* Must have Served on Board or Served as a Committee Chair

Nomination by any chapter member with two additional letters of support from chapter members

* + - * Complete on-line form and submit the 2 additional letters
			* In the event of multiple nominees, APIC NEO Board votes on award winner

Award presented at the December meeting

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

Person Nominating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List accomplishments, detailing why you are submitting this nomination.

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