

AKSHA Awards Nomination Form

Name of nominee: _____

Award being nominated for: _____

Nominee's email address: _____

Year (or approximate year) nominee became a member of AKSHA: _____

Year (or approximate year) nominee became an SLP/Aud: _____

Current professional position: _____

Current professional place of employment: _____

Please describe the nominee's specific professional contributions or attributes for which s/he is being nominated. Include a statement of the impact and significance of these skills or activities as they relate to the award.

AKSHA Sponsor (nominator's information)

Name and Title: _____

Professional affiliation: _____

Sponsor's contact number: _____

Sponsor's email address: _____

AKSHA Co-Sponsor (AKSHA member in agreement)

Name and Title: _____

Professional affiliation: _____

Co-Sponsor's contact number: _____

Co-Sponsor's email address: _____

Please mail or email AKSHA Award Nomination Form by September 30 to:

Alaska Speech-Language-Hearing Association
Attention: Awards Committee
P.O. Box 111993, Anchorage, AK 99511
Aksha907@gmail.com