

TBAALAS Recognition Award Nomination Form

Nominee:				5		
Job Title:			Award	1 Type - Please	select one from the dr	op-down list
Institution:			ĺ			
Address:						
Level of Qualification (check appropriate level)						
Level I Rookie Level II Non-Supervisor Level III Supervisor Manager Clinical Vet Vendor						
Total time in Laboratory Animal Science:						
Member of TBAALA	rs?	If yes, how long?				
Member of AALAS?		If yes, how long?				
AALAS Certification: Indicate year achieved						
ALAT	LAT	LATG	CM	MAR	Registered	
Diplomas/Degrees:						
Nominator:						
Position:						
Phone:						

Nomination packets must address each of the suggested Award Criteria and include:

- ♦ A completed <u>Nomination Form</u>
- ◆ A letter completed by the nominator that addresses the suggested <u>Award Criteria</u>
- ◆ Letters of support: maximum of three.

Nominations are graded objectively and quantified. Criteria that are not addressed will receive scores of zero. Please do not overlook nominees who were not selected previously. Update those nomination packets and resubmit if you feel they deserve another opportunity!

Submit all nomination forms, award criteria and letters of support to the TBAALAS Awards Chair. jennifer.teague@utsouthwestern.edu