

**ISTSS AWARD NOMINATION FORM**

**Date submitted:**

**Person submitting nomination:**

**AWARD**

* Award for Outstanding Service to ISTSS

**NOMINEE INFORMATION**

*Candidate names and award committee deliberations are confidential. Nominees are not contacted by ISTSS unless they are selected by the Board as an award recipient.*

Name of individual or group:

Email:

Phone:

Mailing address:

**PLEASE CHECK ONE:**

*If self-nomination:*

* I affirm that I have demonstrated integrity in my professional activities, including research, clinical practice, and advocacy.

*If nomination of other(s):*

* I affirm that to the best of my knowledge the nominee(s) demonstrate/s integrity in his/her/their professional activities, including research, clinical practice, and advocacy.