

Kelley/Pazzaglini Award

Nomination Form 42nd Summer Institute



Please refer to the nomination guidelines for a description of characteristics required for a nominee to be considered for this Award. For an electronic version of this application, go to www.dhss.delaware.gov/dhss/dsamh/si13.

Please Print or Type:

Nominee's Name: _____

Nominee's Job Title: _____

Nominee's Agency/Program _____

Describe how this nominee exemplifies the high standards and meets the criteria for recognition with this award. Explain why this individual is being nominated. *(Use attachment if additional space is needed.)*

Provide at least **THREE EXAMPLES** of the nominee's personal/professional excellence and commitment to professional development and practice. *(Use attachment if additional space is needed.)*

Please attach documentation in support of this application. Resumé/Curriculum Vitae would be helpful.

Nominator's Information:

Name: _____

Phone: _____

Title/Agency: _____

eMail: _____

Address: _____

Thank you for taking the time to acknowledge the importance of recognizing our colleague's work. To be considered, nominations must be submitted on this form by Friday, June 28, 2013 to:

Kelley/Pazzaglini Award Committee • Division of Substance Abuse and Mental Health Training Office
Springer Building • 1901 N. Dupont Highway • New Castle, DE 19720 • 302/255-4450 (fax)