



# Award Nomination Form

**INSTRUCTIONS:**

- Please submit complete forms.
- Type or print clearly. Attach additional sheets where needed.
- Nomination forms must be **received** by September 1.
- Return completed forms to:

NJSSPA  
Attn: Camille Dyer PA-C  
760 Alexander Road, PO Box 1  
Princeton, NJ 08543

I nominate the following individual for a NJSSPA Award:

Nominee Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Specialty \_\_\_\_\_

Nominated for (check one):

- Outstanding PA of the Year
- Outstanding Physician of the Year
- Outstanding Public Education PA
- Outstanding Humanitarian PA
- Outstanding PA Educator
- Lifetime Achievement to the PA Profession

(Optional)

Nominator's Name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Please answer the following questions. If you need more space, use a separate piece of paper and refer to the question number.

**1. How long have you known the nominee and in what capacity?**

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\_\_\_\_\_  
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\_\_\_\_\_

**2. What accomplishments has this individual has achieved? Be as specific as possible.**

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**3. Describe this nominee's contribution to the PA profession on the local, state, or national level.**

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**4. Describe the personal characteristics that impress you most about this individual.**

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**5. Is there anything else you would like the committee to consider?**

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**REMINDER- Please return your nomination as soon as possible. Nominations may also be submitted electronically at [www.njsspa.org](http://www.njsspa.org). All nominations must be received no later than September 1. If you have any questions please contact Awards Chair Camille Dyer at [dyer@njsspa.org](mailto:dyer@njsspa.org).**