



The Award of Excellence Awards Nomination Form

Description of Award:

The Award of Excellence is established to recognize individuals who have made exemplary contributions toward advancement of the science and practice **of clinical electrophysiology and wound management** in scholarly endeavors which have promoted the academic, research, and clinical aspects of our profession.

Name of Nominee(s): (include all professional designations)

E-mail address:

Phone number:

Nominator:

Today's Date: _____

Name (include all professional designations): _____

E-mail address: _____

Phone number: _____

Please provide a brief summary of the nominee's accomplishments in reference to the award for which he/she is being nominated:

Nomination Deadline – October 1

Questions? Please call - 800/999-2782, ext. 3237

Send Nominations to – ClinElectroWM@apta.org