



Suite 800, 4445 Calgary Trail
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Herbert M. Welch Memorial Award Nomination

Nominee

ACMDTT #: (if known)

Full Name	Specialty	Place of Employment
Daytime Phone #	Evening Phone #	Email

Nominator

ACMDTT #: (if applicable)

Full Name	Specialty	Place of Employment
Daytime Phone #	Email	Relationship to Nominee

Sponsors (ACMDTT members in endorsement of the nomination)

ACMDTT #	Name	Signature

Nomination Statement (Please provide details of the rationale behind this nomination)

Please provide supporting information that demonstrates how the candidate:

Has made a significant contribution to the growth or aims of the College

Has been responsible for some technical improvement to student and/or technologist/therapist training



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Please include details of the nominee's contributions to professional committees and other special interest groups

Additional Comments:

Verification of Nomination

SIGNATURE _____

DATE (dd/mm/yyyy) _____