

COLORADO ACEP

Awards Nomination Form

This form must be completed entirely.

Award Designation

Please check one

- Meritorious Service Award
- The Legacy Award

Nominator Information

The nomination form, nominee's curriculum vitae, a letter explaining why the nominee merits the award, specifically relating their background to the award criteria, must be sent to Colorado ACEP, 10465 Melody Dr. Suite 101, Northglenn, CO 80234, no later than **August 31** to be considered by the Awards Committee.

Nominated By: _____ Date Submitted _____

Address: _____

Nominator's Signature _____

Nominee

Name of Nominee: _____ Telephone: _____

Address: _____

City, State, ZIP: _____

Please attach a brief biographical statement about Nominee as well as current curriculum vitae.

Please state why this person should be honored with this award, based on criteria for this award:

ACEP Offices Held (Chapter and National):

Committees (Chapter/National, Name of Committee and Length of Service):

Other Emergency Medicine-Related Services (Title and Length of Service):

Other Activities of Special Merit (Civic, Institution, etc.):
