

SOPHE DISTINGUISHED FELLOW AWARD

Nomination Form

Deadline: July 31st of each calendar year

Name of Nominee/Degree(s) _____

Current Title _____

Institution/Organization _____

Address _____

City _____ State _____ Zip _____

Nomination for Distinguished Fellow (SOPHE member)

Nominator _____ Phone () - Fax () -

Address _____

City _____ State _____ Zip _____



NOMINATION CHECK LIST



Nomination Cover Letter (including required elements)

Recent curriculum vitae of the nominee

7 letters of support (please indicate names of individuals)

Note: Individuals must be SOPHE members

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| | 7. _____ |

If selected, nominator will attend the SOPHE Annual Meeting Awards Banquet.