****

**Animal Health Technician of the Year Award**

**Excellence in Laboratory Animal Health Care**

The Awards Committee is soliciting nominations for the Animal Health Technician of the Year Award. The award includes a $250 honorarium and plaque. The purpose of the award is to:

1. Increase animal health technician involvement in laboratory animal science.
2. Stimulate job motivation.
3. Enhance personal advancement and/or recognition.
4. Recognize an outstanding animal health technician in the Chicago area.

**Nominees for this award must meet the following eligibility criteria:**

1. Current member of CBAALAS having joined or renewed membership by May 1, 2020.

2. Must not hold a current elected or appointed position on the CBAALAS Council.

3. Must be an animal health/veterinary technician working in the laboratory animal field

with a minimum of 1 year of experience.

4. Must be directly involved in the veterinary care of laboratory animals. Secretaries,

managers, and supervisors are not eligible.

5. Must be nominated by a colleague. Self-nominations are not accepted.

**The following items must be received as one nomination packet by no later than December 11, 2020.**

1. Completed nomination form.

2. Nomination letter written by the colleague nominating an individual for this award.

3. Nominee’s resume.

4. A **minimum of one and a maximum of three** letters of support (in addition to

nomination letter).

The CBAALAS Awards Committee will review the nominations and select the winner on the basis of merit. The award will be presented during the awards ceremony held in January 2021. Nominations received after December 11, 2020 will not be eligible for consideration.

**Pre-Submission Checklist**

Review all your documents carefully and fill in the checklist below to ensure your packet is complete prior to submitting the nomination. This will also help the Awards Committee to confirm they have received all of the documents you intended to include in the packet. Nominations that are received after December 11, 2020 or that do not include all required items will not be accepted.

***Required Items:***

The nominee meets all eligibility criteria.

The nomination form has been filled out and attached.

Nominee’s resume.

A nomination letter written by the colleague nominating an individual for the award.

A **minimum of one and a maximum of three** letters of support (in addition to

nomination letter).

How many letters of support are attached?  1  2  3

Have all the authors of letters of support provided their contact information in their letters?

Yes  No

If no, please provide the missing contact information here:

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |

**Return completed nomination packet by 12/11/2020 to:**

Cara Strathmann

Email: [CHatten@northshore.org](mailto:CHatten@northshore.org)

If you do not receive a confirmation that your packet was received please call Cara at 224-364-7979

**Please send the nomination form and ALL supporting documents as one package. Whenever possible please scan all documents and email them as one attachment per nominee.**

**Animal Health Technician of the Year Award Nomination Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee: | | Phone Number: | |
| Institution: | Email Address: | | |
| Number of years in the laboratory animal field (Min. 1 year required): | | | |
| Does nominee hold a current CBAALAS membership?  Yes  No (Ineligible for award) | | | |
| Number of years nominee has been a member of CBAALAS: | | | |
| Number of years nominee has been a member of AALAS: | | | |
| Highest education level achieved: | | | |
| Highest AALAS certification achieved: | | | |
| If nominee is selected for this award is he/she interested in being featured in the Member Spotlight section of the CBAALAS newsletter with a photo and Q&A session?  Yes  No | | | |
| Please describe animal health/vet tech experience: | | | |
| Areas of special interest in veterinary care: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Special training in animal health care: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Please describe professional animal health activities (e.g. national and/or local committees, etc): | | | |
| Publications, presentations, awards: | | | |
| Nomination submitted by: | | | Date: |
| Email Address: | | | Phone Number: |