



# NOMINATION AS A FELLOW OF THE INSTITUTE

Name of Nominee \_\_\_\_\_

Nominee's Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Position Title \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Please give a brief outline of your nominee's qualifications below and **attach additional sheets** to expand upon these entries:

1. Education and Experience:

2. Professional Achievements and Activities:

3. Contributions to the profession and/or to the CHMM/CHMP/CDGP/CDGT Program(s):

Nominating CHMM/CHMP/CDGP/CDGT: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print your name*

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

*For IHMM Executive Office Use Only*

Nominee Packet: _____ Date sent: _____	Cert ID # _____ Cert Date: _____
<input type="checkbox"/> Decline <input type="checkbox"/> Accept- Bio rec'd: _____	Recert status: _____ Fee status: _____
	Year Fellow Status Achieved: _____

