



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: _____

