

President's Award Nomination Form

Before completing this form, please review the NHPC Bylaw and Policy pertaining to the President's Award and ensure the nomination process is followed.

An ad hoc committee comprised of staff and Board members will review the application. It is the duty of each committee member to disclose any biases or conflict of interest relating to any individual who has been nominated for this award.

Detailed Criteria

If the Nominee is a member of the Association, they must be a continuous member in good standing throughout the entire term of membership.

Nomination Information

Nominee Name:	Year:
How has this nominee, in an outstanding manner, made sig enhancing the well-being and health of the community and promotion of holistic health care?	



Nominator Information

Nominator (your name):		
Date:	Phone Number:	
Address:		
Final Approval for th		
Board Member's Name:		
Board Member's Signature:		
Date:		