

Washington Speech-Language-Hearing Association  
2150 N. 107<sup>th</sup> Street, Suite 205  
Seattle, WA 98133-9009  
(206) 367-8704 | Fax (206) 367-8777

## CLINICAL ACHIEVEMENT AWARD Nomination Form

**Instructions:** This form must be completed and submitted as the front cover to the additional supporting materials required (as listed below). Submit original to the WSHA Office by **September 1.**

### 1. Nominee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Professional Title and Work Setting: \_\_\_\_\_

\_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_ to Month: \_\_\_\_\_ Year: \_\_\_\_\_

### 2. Additional Information Required

- A. Identification and description of the outstanding recent clinical achievement. Documentation should include information on when and where the specific achievement(s) took place.
- B. A description of the significance of the achievement.
- C. Explanation of how the nominee's actions have advanced knowledge in the area of clinical practices.
- D. Explanation of the nominee's role in the achievement.
- E. Provide the name, address, and phone number or email address of at least one reference, but not more than three, whom the selection committee can contact if further information or clarification is needed. Please obtain permission before references are supplied.

\_\_\_\_\_  
Sponsor Signature- WSHA Member

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Email address