

## **Nomination for the 2023 NYSVMS Awards**

Check One:	[ ] Distinguished L [ ] Merit Award		[ ] Veterinarian of the Year eader Award	[ ] Outstanding Service
Award Nomin	ee Information - p	olease print		
Name:		[ ] DVN	И, [ ] VMD	
Name of Praction	ce:			
Address:				
City:		State:		Zip Code:
Phone (busines	s):			
Regional Office on separate she		ments abou	t the awardee's activities are o	encouraged. Please send
Date:	Signed			_
			Regional Office	r

<u>NOTE:</u> In order for this information to be considered by the NYSVMS Awards Committee, it must be received at NYSVMS headquarters to **Stephanie Quirini at** <u>squirini@nysvms.org</u> by **Monday, July 31, 2023**. *Materials received after this date will be considered for the following year's state awards.* 

## Please include:

- 1. This form completed and signed by regional officer.
- 2. Headshot high res, full color saved as JPG.
- 3. Letters of recommendation are optional, but strongly encouraged.

## **Nomination for the 2023 NYSVMS Awards**

No. of Years as a Member of NYSVMS:						
Academic Summary						
Veterinary College:	Year Graduated:					
Other degrees and specialty boards:						
<u>Professional Experience</u>						
<u>Years</u>	Name of Business/Owner	<u>Position</u>				
Participation on NYSVMS Regional Level						
President/Chapter Chair	<u>Years of Service</u> 					
President-elect Secretary						
Treasurer						
Regional Board Member						
Regional Committees (please in	clude committee chair, when applicable)					
Committee	Years of Service					
Special contributions to the regional association:						
Awards received from the regio	nal association:					

[ ] President [ ] Treasurer [		
Has nominee served as NYSVMS E	xecutive Board Member?	[ ] Yes [ ] No
NYSVMS Committees (please incl		
<u>Committee</u>	<u>Year</u>	s of Service
List and a large and for an Alverta	**	
List awards received from NYSVN	<u>15:</u>	
Special contributions to NYSVMS		
Special contributions to 1413 41413	<u>.</u>	
Organized Profession Participatio	on (other than NYSVMS):	
Association	<u>Position</u>	Years of Se
Papers and Publications:		
<u>Title</u>	<u>Publication</u>	<u>Date</u>
(if more than three. please attach	to nomination form)	
(if more than three, please attach	to nomination form)	
Civic Activities (social/political)		Voors of Sorvice
	to nomination form)  Position/Service	Years of Servic
Civic Activities (social/political)		Years of Servic
Civic Activities (social/political)	Position/Service	Years of Servic

Personal Data (optional) Spouse's Name:
Year Married:
Names/Ages of Children:
Military Career Notes:
Other information you would like to see included in publicity material:
Please list three veterinarians who can be contacted by the committee for further information and contact information:
List the names and addresses of local papers you would like to receive a news release: