

Medique

Unique Leadership Award Application

Please complete the following information. This form is provided to ensure that all appropriate information is included. Ask the nominee for their resume and be sure to include community service.

Please PRINT or TYPE responses. Do not send resume in place of this application form.

Nominee Name and Address:

Position/Title/Company:

Synopsis of OHN Responsibilities:

Professional Affiliations: (describe role in association(s), offices, committees, chairs, etc.):

Describe leadership qualities in each of the following categories with specific examples:

INITIATIVE:

MOTIVATION:

PRODUCTIVITY:

CREATIVITY:

COMMITMENT:

Nominating Constituency/Member & address:

Date:

Forward completed application to WSAOHN Education Chair by **September 1, 2010**
Joy Marks, W5055 Moore Rd, Hilbert, WI 54129 or email to marks5055@tds.net