



CALIFORNIA CANCER REGISTRARS ASSOCIATION
www.ccraregistrars.org

**Distinguished Service Award
Nomination Form**

Nomination submitted by: _____
(Can be an individual or a group; if nominated by a group, please list an individual as a contact person.)

Contact information of person submitting the nomination:

Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

Nominee Information:

Nominee Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

Current member? Yes ____ No ____ If No, past member? Yes ____ No ____

Reason for nominating the individual: (May use additional pages, be sure to label each criteria)

1. Service to Association: _____
2. Professional Achievement: _____
3. Research/Publication: _____
4. Education/Leadership: _____
5. Other contributions to healthcare profession: _____
6. Contribution to society: _____

I am a CCRA member in good standing and nominate the above individual for the CCRA Distinguished Service Award.

Signature: _____ Date: _____

Submit this form (postmarked by **August 31, 2016**) along with any pertinent supporting documentation to:

Jan Armstrong, CTR, 16458 Avenida Venusto, Unit D, San Diego, CA 92128

You may also email this form and required documentation to: jarmstrong2@san.rr.com