



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



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Distinguished Service Award Nomination Criteria and Instructions

The nomination form and supporting documentation such as curriculum vitae are the only information about the nominees that will be used to select the winner. Therefore, it is necessary to complete the nomination form in detail. It is essential to label each area of the documentation with the appropriate numbered criteria.

The group or individual nominating each candidate may choose to provide all of the information requested on the form without informing the nominee they are proposing his/her name. This must be noted on the form.

Evaluation Criteria

1. Service to the association as evidenced in at least one or more of the following areas.

- A. Local component chapter participation, including serving as an officer, committee chairman, and/or committee member.
- B. State participation in CCRA, including serving as a board member, committee chairman, special appointment, and/or committee member.
- C. National participation in NCRA, including serving as a board member, committee chairman, special appointment, and/or committee member.

2. Professional achievement as evidenced in at least one or more of the following areas.

- A. Development or refinement of professional theory and/or techniques documented through presentation or publication.
- B. Dissemination of knowledge of practice through consultation to others in the field. Recognized resource person in area of specialty.
- C. Successful completion of NCRA certification and maintenance of certified status.

3. Conducting research and publication activities in at least one or more of the following areas.

- A. Publication of written material in reference journal articles, association publications.
- B. Publication of written material in monograph, instructional guides, position papers or books.

4. Education leadership as evidenced in at least one or more of the following areas.

- A. Presenter at local, state, regional or national workshops, meetings, seminars or conferences.
- B. Community and/or patient education.

5. Other contributions to the health care profession.

6. Contributions to society through religious, civic, or other community activities.