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| **Contact Information for Person Submitting Entry:** |
| **Name** |       | **Date** |       |
| **Title** |       |
| **Mailing Address** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |
| **Email Address** |       |
| **Telephone Number (include country & city code)** |       |
| **Relationship to entry submitted** | **[ ]  Self (not eligible)****[ ]  Co-worker/colleague****[ ]  Subordinate** | **[ ]  Supervisor****[ ]  No relationship****[ ]  Other (specify):**       |
| **IAEM Membership Status** | **[ ]  IAEM Member** (no fee for submission)**[ ]  Non-member** ($75 fee for submission) |
|  |  |
| **Entry Submission Information:** |
| **Name of Person Nominated** |       |
| **Contact Information for Award Nominee:** |
| **Mailing Address** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |
| **Email Address** |       |
| **Telephone Number (include country & city code)** |       |
|  |
| **This nominee meets all of the eligibility requirements as listed in the Awards Guidelines?** | [ ]  Yes[ ]  No |
|  |
| **Attachments:** |
| **[ ]  Nomination letter**[ ]  **Letters of recommendation** (community leaders, professional colleagues, etc…)[ ]  **Additional materials** (list below) |
| **Please list the letters of recommendation and additional materials as well as their sources here.** |
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| **Narrative of accomplishments/projects that have benefited the community and/or the emergency management profession.**This narrative should be a short overview stating what problems were corrected and areas that were improved. |
| 1. Example One:
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|       |
| 1. Example Two:
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|       |
| 1. Example Three:
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|       |
| **Narrative of innovative programs developed by the candidate.**This should outline program accomplishments that were the result of innovative thinking, examples where the candidate didn’t just follow the leader, and examples where the candidate displayed leadership and initiative. If a candidate received an award for an innovative practice, that does not disqualify the candidate from eligibility for consideration for this award. |
| 1. Example One:
 |
|       |
| 1. Example Two:
 |
|       |
| 1. Example Three:
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|       |

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| **Listing of experience, certifications, awards, training and education.**List related work and emergency management experience. List any related certifications or licenses, related awards, honors or outstanding career accomplishments and training/education highlights.An earned college-level degree is not required |
| 1. Experience
 |
|       |
| 1. Certifications and/or Licenses
 |
|       |
| 1. Awards, Honors, and Outstanding Career Accomplishments
 |
|       |
| 1. Training and education highlights (do not submit a list of courses taken)
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|       |

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| **Listing of areas of community involvement.**This section should outline any non-work related community involvement that the candidate has had. |
| 1. Example One:
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|       |
| 1. Example Two:
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|       |
| 1. Example Three:
 |
|       |

**Nominations for the IAEM USA Awards *must* be submitted on this official nominations form. This form and any supporting letters of endorsement must be emailed to Rebecca Campbell at** **RCampbell@iaem.com** **no later than the deadline listed on the Emergency Manager of the Year Awards Guidelines.**

**Entry Fee:**

* There is no entry fee for current IAEM members who submit entries.
* If a non-member wishes to submit an entry, there is a $75 entry fee per entry.

**IAEM Administrative Procedures:**

* **IAEM members who use their membership status to submit an award nomination at the request of a non‐member** in order to avoid payment of the entry fee are in violation of the IAEM Code of Ethics.
* **Non‐members may ask an IAEM member to submit an entry on their behalf; however, the non-member entry fee will apply**. Non‐members who join IAEM within 60 days of submitting an entry may discount their membership fee by the amount of the entry fee.

Non-member entry fees must be remitted (with a copy of the official entry form) to: IAEM, Attention: Sharon Kelly, 201 Park Washington Court, Falls Church, VA 22046-4527.

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| **Payment Information for non-members:**(You may pay the entry fee via credit card; IAEM accepts VISA, MasterCard, American Express and Discover) |
| **Name of Credit Card Holder** |       |
| **Credit Card Number** |       |
| **Type of Credit Card** | **[ ]  VISA****[ ]  MasterCard** | **[ ]  American Express****[ ]  Discover** |
| **Expiration Date** |       |
| **Security Code** |       |
| **Billing Address (line 1)** |       |
| **Billing Address (line 2)** |       |
| **City/State/Province/Country** |       |
| **Zip/Postal Code** |       |