OUTSTANDING MENTAL HEALTH COUNSELOR

Background and Purpose: The Outstanding Mental Health Counselor Award is to be presented annually in conjunction with the North Dakota Counseling Association (NDCA) Midwinter Conference. The Award is an acknowledgement of contributions to and promotion of the mental health counseling profession.

The following criteria are to be used in identifying the recipient:

A. Must be a current member of NDCA and NDMHCA with dues paid.
B. Must be a practicing Mental Health Counselor or Educator or retired from those vocations.
C. Has made outstanding contributions to the counseling field.

Procedures for Nomination:

A. The nomination must be made by a member of NDMHCA.
B. The nomination materials include the nomination form and two letters of recommendation. One of the letters should be from the nominee’s supervisor, co-worker or former co-worker. Other materials may be included to support the nomination, such as news articles and civic awards. The materials are to be submitted to the NDMHCA Awards Chair by 1-1-2013. The selection of the recipient will be made by the Executive Council of NDMHCA.
C. Each year the nomination materials are to be made available to NDMHCA members in October.
D. The recognition will be in the form of a plaque. The recipient will also be recognized at the NDMHCA luncheon and NDCA Awards Ceremony.

Send all materials to:

Dr. Dan Sturgill
891 Homestead Ct.
West Fargo, ND 58078
NDMHCA OUTSTANDING MENTAL HEALTH COUNSELOR
AWARD

NOMINEE: ____________________________________________

EMPLOYMENT ADDRESS: ________________________________

HOME ADDRESS: ______________________________________

TELEPHONE: (H) _______________________ (W) ______________________

EMAIL: ________________________________________________

EDUCATIONAL BACKGROUND:
_____________________________________________________
_____________________________________________________
_____________________________________________________

EXPERIENCE IN COUNSELING:
_____________________________________________________
_____________________________________________________
_____________________________________________________

PROFESSIONAL AFFILIATIONS:
_____________________________________________________
_____________________________________________________
_____________________________________________________

CONTRIBUTIONS TO COUNSELING (Leadership at the local, state, or national level, rapport and community involvement):
_____________________________________________________
_____________________________________________________
_____________________________________________________

NOMINATED BY: _______________________________________

TITLE: ________________________________________________

ADDRESS: ___________________________________________

PHONE: ______________________________________________

EMAIL: _______________________________________________