NDMHCA OUTSTANDING MENTAL HEALTH COUNSELOR AWARD
Nominations Due: November 30, 2019

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

The following criteria are to be used in identifying the recipient:
1. Must be a practicing Mental Health Counselor or Educator or retired from these vocations
2. Has made outstanding contributions to the counseling field

Procedures for Nomination:
• The nomination must be made by a member of NDMHCA
• 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 nominations, such as news articles and civic awards.
• The materials are to be submitted to the NDMHCA Awards Chair by 11-30-19. The selection of the recipient will be made by the Executive Council of NDMHCA.
• Nomination materials are available online at http://www.ndmhca.org/awards.php
• Email materials to: contactndmhca@gmail.com

The recognition will be in the form of a plaque.
NAME OF NOMINEE: __________________________________________

EMPLOYMENT
ADDRESS: __________________________________________

HOME
ADDRESS: __________________________________________

EMAIL ADDRESS: ________________________________________

TELEPHONE: (h) ____________________ (w) ____________________

EDUCATIONAL
BACKGROUND: __________________________________________

EXPERIENCE IN COUNSELING: ______________________________

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_________________________________________________________________

_________________________________________________________________

PROFESSIONAL AFFILIATIONS: ________________________________

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_________________________________________________________________

CONTRIBUTIONS TO COUNSELING (such as leadership at the local, state or national
level, rapport and community involvement). Description of these accomplishments may
continue on the reverse side. _______________________________________

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_________________________________________________________________

NOMINATED BY: _____________________________________________

TITLE: ____________________________________________________

ADDRESS: ________________________________________________

PHONE: __________________________________________________