



Patient Advocacy Award Nomination Form

Nomination Deadline: **October 1, 2024.**

The **HOPA Patient Advocacy Award** recognizes a HOPA member who demonstrates leadership and collaboration while advocating for outstanding patient care. Areas for advocacy may include

- improved patient resources
- access to care
- education or service in the legislative, organizational, or community setting

Award: Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque and a \$500 check.

Eligibility: Nominees must be HOPA members in good standing and may submit a self-nomination or be nominated by someone within the pharmacy, oncology, hematology or cancer community. Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award.

Nomination Requirements:

1. Completed nomination form. Use the "Tab" feature to move from field to field. Please type your information into the shaded field. There is no limit to the amount of text that may be entered.
2. Current CV for the Nominee
3. If self-nominated, you must provide a letter of reference describing your contributions to patient advocacy. This letter is in addition to the completed nomination form and should address the criteria outlined in Part 2 of the nomination form. Email the letter of reference to:
info@hoparx.org

Please note, nominees will be asked to provide an updated copy of their CV upon accepting their nomination.

Complete the nomination form by **October 1, 2024**, to be considered.

<https://www.surveymonkey.com/r/77LHDZ9>

**HOPA Patient Advocacy Award
Nomination Form**

PART 1

Nominator Information

Name:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Please include a copy of the nominee's CV.

Self Nominations

If self-nominated, you must provide a letter of reference from either a HOPA member or nonmember describing your contributions to patient advocacy. This letter is in addition to the completed nomination form and should address the criteria outlined in Part 2 of the nomination form.

Please provide name of reference and his/her email address if applicable: _____

Reference letter may be attached to this nomination form and provided as part of the nomination form or may be sent directly to info@hoparx.org by the nomination deadline date.

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Patient Advocacy Award. For each item, if applicable, please describe in detail how the nominee has:

Advocated for outstanding patient care.

Demonstrated leadership in the area of patient advocacy.

Encouraged collaboration that resulted in improved patient care.

Positively impacted patient resources, patient access and/or patient education.

Created or promoted public awareness of the value of hematology/oncology pharmacy.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.

SAMPLE



HOPA Diversity, Equity, and Inclusion (DEI) Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **HOPA Diversity, Equity, and Inclusion (DEI) Award** recognizes pharmacy practitioners who have demonstrated a commitment to improving DEI within HOPA, their institution, practice area, or the pharmacy profession. Their work may involve DEI initiatives, research, or advocacy and has contributed to advancements in health equity and public health, workforce or organizational diversity and inclusion, and DEI awareness, advocacy, and education. Their work has had positive impacts on oncology pharmacy practice, patients, students, or colleagues in hematology/oncology pharmacy.

Award: Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque.

Eligibility: Nominees must be HOPA members in good standing. Consideration will be given to those who have demonstrated a commitment to DEI and whose work exemplifies the core values of the association and align with HOPA's DEI priorities as outlined in [HOPA's DEI Statement](#). Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award. Members of the HOPA DEI Committee are eligible for nomination, however their broader contribution to DEI above and beyond their contribution to the initiatives of the committee will be considered. Self-nominations will be accepted.

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA DEI Award
Nomination Form**

PART 1

Nominator Information

Name:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Please include a copy of the nominee's CV.

**HOPA DEI Award
Nomination Form**

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA DEI Award. For each item, if applicable, please describe the following in detail for the nominee.

How has the nominee demonstrated a commitment to DEI? This can include, but may not be limited to leadership or involvement in DEI initiatives, health equity research, advocacy, education, etc. This response should adequately represent both the work that the nominee has led or contributed to as well as the impact of that work. Impact may include how the nominee has positively impacted the culture of DEI within HOPA, their institution/organization, practice area, or the pharmacy profession.

Nominators may provide 1-2 examples of deliverables from the DEI work that the nominee has led or contributed to that represent the nominees achievements and/or body of work (e.g. abstract, poster, publication, website, tool kit, educational resource, etc).

How does the nominee's work and contributions align with HOPA's DEI priorities as outlined in the [HOPA DEI Statement](#)?

**HOPA DEI Award
Nomination Form**

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: A leader and role model who is committed to advancing Diversity, Equity, and Inclusion in oncology pharmacy practice.

SAMPLE



Award of Excellence Nomination Form

Nomination Deadline: **October 1, 2024**

The **HOPA Award of Excellence** recognizes a member who has made a significant, sustained contribution to or provided excellent leadership in improving or supporting hematology/oncology pharmacy.

The award was created to honor Phil Johnson from the H. Lee Moffitt Cancer Center & Research Institute, who unselfishly allowed HOPA to adopt the Making a Difference in Oncology conference as the HOPA Annual Conference.

Award: Recipients of the award receive a lifetime HOPA membership and are recognized at the HOPA Annual Conference with a personalized plaque and an award check. In return, award winners are asked to make a short presentation about their contributions to hematology/oncology pharmacy. This year's winner will be notified in January 2025.

Eligibility: Nominees and nominator(s) must be HOPA members in good standing.

Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award. Previous recipients of the Award of Excellence are not eligible to be nominated for this award.

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Please note, nominees will be asked to provide an updated copy of their CV if not supplied in the initial nomination form.

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA Award of Excellence
Nomination Form**

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

SAMPLE

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Award of Excellence. For each item, describe in detail how the nominee has:

Provided/created an innovative hematology/oncology pharmacy service.

Provided/created a hematology/oncology pharmacy training program or served as a mentor to future hematology/oncology pharmacists.

Contributed to innovative research that promotes the safe and cost-effective use of cancer-related treatment.

Contributed to basic hematology/oncology science research.

Served as a hematology/oncology pharmacy advocate.

Served as a hematology/oncology patient advocate.

Created or promoted public awareness of the value of hematology/oncology pharmacy.

Provided valuable leadership to the profession.

Promoted the advancement of hematology/oncology pharmacy.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation of 25 words or fewer for the Award Plaque.
Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*

SAMPLE



Leadership Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **HOPA Leadership Award** recognizes pharmacy practitioners who have distinguished themselves by demonstrating superior leadership skills when challenged by a specific opportunity, for their institution, HOPA, or the pharmacy profession that produced/culminated in a significant outcome. As a result they will have advanced oncology pharmacy practice, or made positive changes that benefit patients, students, or colleagues in hematology/oncology pharmacy.

Award: Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque and award check.

Eligibility: Nominees must be HOPA members in good standing. Consideration will be given to those who have demonstrated leadership during the period of eligibility, defined as the preceding year leading up to the Annual Conference. (Contributions occurring within 36 months prior to the Annual Conference that exemplify the core values of the association will be considered/evaluated. Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award. Self-nominations will be accepted.

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA Leadership Award
Nomination Form**

PART 1

Nominator Information

Name:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Please include a copy of the nominee's CV.

**HOPA Leadership Award
Nomination Form**

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Leadership Award. For each item, if applicable, please describe in detail how the nominee has:

Demonstrated leadership during the eligibility time period to advance oncology pharmacy practice.

Inspired, motivated, developed, or mentored skills in other people who have advanced oncology pharmacy practice.

Facilitated a healthier, nurturing, collaborative culture within their workplace, profession or professional organizations.

**HOPA Leadership Award
Nomination Form**

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: A leader and role model who volunteers tirelessly to advance the vision and mission of HOPA.

SAMPLE



Oncology Pharmacy Practice Literature Award & Basic Science and Clinical Research Literature Award

Nomination Deadline: **October 1, 2024**

The **HOPA Oncology Pharmacy Practice and Basic Science and Clinical Research Literature Awards** recognize two distinct articles published (print or electronic) by HOPA members between October 1, 2023, and September 30, 2024, that describe an innovation in oncology pharmacy practice (Oncology Pharmacy Practice Award) and scientific research (Basic Science and Clinical Research). Self-nominations are allowed. The nominee must be primary, lead, or senior author and only that author will be recognized with a plaque and monetary award.

Oncology Pharmacy Practice Literature Award

This award recognizes an author who has written an article, other than scientific research, that contributes significantly to the betterment of the hematology/oncology pharmacy profession and describes innovations in community, hospital, or healthcare system hematology/oncology pharmacy practices. The innovations described should be applicable beyond the practice site where they were developed and/or evaluated.

Eligible publications include published materials appearing in the primary literature (electronic or print) that are widely available of which the nominee was a primary author, lead, or senior author. For this Award, oncology pharmacy practice refers to all aspects of professional practice, including administration, management, drug use control, technological services, clinical services, information processing, and new practice models. *Papers that describe scientific research are not eligible for this award.

Basic Science and Clinical Research Literature Award

This award recognizes an author who has written an important scientific article describing hematology/oncology basic science and/or translational research or clinical trials evaluating drug efficacy and/or safety.

Eligible publications include published materials appearing in the primary literature (electronic or print) that are widely available of which the nominee was a primary author, lead, or senior author. Eligible publications describe research related to hematology/oncology that uses formalized testing and the scientific approach. Examples of scientific research include: cellular, genetic, and/or animal studies; studies that evaluate clinical effects and/or drug safety; and pharmacodynamic or pharmacokinetic studies of drug therapy. While both primary research and review articles will be accepted, primary articles of comparable quality may be given preference by the committee.

Award

Winners will be notified in January 2025. Recipients of the **HOPA Oncology Pharmacy Practice Literature Award and the HOPA Basic Science and Clinical Research Literature Award** are recognized at the HOPA Annual Meeting with a personalized plaque and an award check. (Winners will have the opportunity to “thank” any additional authors and may choose to share the monetary award; however, no additional authors will be recognized as award recipients by HOPA.)

Eligibility: Self nominations are allowed. Nominees and nominator(s) must be HOPA members in good standing. Nominated author must be the primary, lead, or senior author.

Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

Note: *The HOPA Recognition Committee reserves the right to change the type of Literature Award (i.e., Oncology Pharmacy Practice vs. Basic Science and Clinical Research) selected by the nominator to the type that more appropriately reflects the eligibility criteria for the submitted article.*

Complete the nomination form by **October 1, 2024**, to be considered.

<https://www.surveymonkey.com/r/77LHDZ9>

SAMPLE

**HOPA Literature Awards
Nomination Form**

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

SAMPLE

The nominee is the: (check one)

- Lead author Primary author Senior author

PART 2

Select only one type of HOPA Literature Award

- HOPA Oncology Pharmacy Practice Literature Award
 HOPA Basic Science and Clinical Research Literature Award

PART 3

Citation for nominated work (*use Medline format*):

PART 4

In the space below, please provide information you would like the committee to know about the nominee. **There is no word limit.**

SAMPLE



HOPA Mentorship Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **HOPA Mentorship Award** recognizes a HOPA member who has demonstrated outstanding mentorship by dedicating time, knowledge, and energy for the purposes of guiding, nurturing, and supporting mentees. Awardees who have demonstrated extraordinary contributions to supporting personal and professional development of residents, students, or colleagues in hematology/oncology pharmacy.

Award: Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque.

Eligibility: Nominees must be HOPA members in good standing. Consideration will be given to those who have demonstrated a commitment to development of others and whose guidance exemplifies the core values of the association.

The individual should be an exemplary preceptor, professor and/or mentor of students, residents, pharmacy technicians and/or colleagues who has demonstrated a sustained history of commitment to mentorship.

The individual should be a positive role model for pharmacists, pharmacy technicians, pharmacy residents, and/or pharmacy students

Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award.

Members of the Mentorship Program are eligible for nomination, however their broader contribution to HOPA above and beyond their contribution to the initiatives of the program will be considered.

Self-nominations will be accepted.

Complete the nomination form by **October 1, 2024**, to be considered.

<https://www.surveymonkey.com/r/77LHDZ9>

**HOPA Mentorship Award
Nomination Form**

PART 1

Nominator Information

Name:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Please include a copy of the nominee's CV.

**HOPA Mentorship Award
Nomination Form**

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Mentorship Award. For each item, if applicable, please describe the following in detail for the nominee.

How has the nominee demonstrated a sustained commitment to mentorship?

Mentorship takes many forms, you may demonstrate mentorship within HOPA, your institution, professional settings, other regional or national organizations. This can include, but may not be limited to mentorship of students, residents, pharmacy technicians and/or colleagues. This response should include examples of the impact of their mentorship.

How has the nominee exemplified being a positive role model for pharmacists, pharmacy technicians, pharmacy residents, and/or pharmacy students?:

In the space below, please provide any additional information you would like the committee to know about the nominee:

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: *An exemplary mentor who has left a lasting impact on the profession*



New Practitioner Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **New Practitioner Award** recognizes a member early in their career who has made a notable contribution to developing or supporting clinical hematology/oncology pharmacy services. Recipients of the **HOPA New Practitioner Award** are recognized at the HOPA Annual Conference with a personalized plaque and an award check.

Eligibility: Nominees for this award have been practicing 7 or fewer years in the field of hematology/oncology after the completion of their training. Nominees and nominator(s) must be HOPA members in good standing.

Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

Complete the nomination form by **October 1, 2024**, to be considered.
<https://www.surveymonkey.com/r/77LHDZ9>

**HOPA New Practitioner Award
Nomination Form**

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

SAMPLE

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA New Practitioner Award. For each item, describe in detail how the nominee has:

Developed or expanded clinical hematology/oncology pharmacy programs.

Provided community service to the hematology/oncology community.

Promoted the awareness of the value of hematology/oncology pharmacy.

Provided hematology/oncology education to health care practitioners.

Trained students and residents in the area of hematology/oncology pharmacy.

Participated in hematology/oncology research.

Contributed to pharmacy literature.

Demonstrated active involvement and leadership in professional activities.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation (limit to 25 or fewer words) for the Award Plaque. Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*

SAMPLE



Outstanding Clinician Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **Outstanding Clinician Award** recognizes an experienced clinician who has made a demonstrated commitment to developing, supporting, and expanding hematology/oncology pharmacy services in a clinical setting. This individual has dedicated their career so far to increasing the quality and quantity of oncology pharmacists' involvement in patient care. Recipients of the **Outstanding Clinician Award** are recognized at the HOPA Annual Conference with a personalized plaque and an award check.

Eligibility: Nominees for this award have been practicing 8 or more years in the field of hematology/oncology after the completion of their training. At least 50% of their workload is devoted to clinical practice. Nominees and nominator(s) must be HOPA members in good standing.

Recipients of the New Practitioner Award in the previous 3 years are not eligible. Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

Application Requirements:

- Completed nomination form found below*
- Letter of support*
- Copy of nominee's CV

At least **one of these two materials must be completed by the nominee's clinical supervisor/manager. The other can be submitted by a pharmacy peer, non-pharmacy clinician (i.e., physicians, nurses, physician assistants, etc.), or patient.*

Supporting documents can be uploaded directly within the nomination form or emailed to HOPA Staff (info@hoparx.org).

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA Outstanding Clinician Award
Nomination Form**

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

SAMPLE

PART 2

In the spaces below, please indicate how the individual you are nominating or supporting fulfills the following criteria for the HOPA Outstanding Clinician Award. For each item, describe in detail how the nominee has demonstrated:

Sustained excellence in clinical practice. Supportive evidence may include, but is not limited to, documentation of interventions demonstrating improved patient outcomes or patient experience.

Sustained contributions to improve the quality of patient care given by others. Supportive evidence may include, but is not limited to, creation of order sets, clinical pathways, educational in-services, and educational materials.

Ability and willingness to expand the pharmacist's role into new patient care areas or practices. Supporting evidence may include establishing new clinical services or justifying new clinical pharmacist positions that increase the number of patients directly cared for by an oncology pharmacist.

Sustained contributions and growth in working as a member of the oncology team with diverse clinical disciplines.

Sustained interest and compassion in directly caring for patients.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation (limit to 25 or fewer words) for the Award Plaque. Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*

SAMPLE



Hematology/Oncology Technician Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **Hematology/Oncology Technician Award** recognizes a technician who demonstrates excellence in his/her work and a commitment to hematology/oncology pharmacy practice in an organized health care setting. Recipients of the **HOPA Hematology/Oncology Technician Award** are recognized at the HOPA Annual Conference with a personalized plaque, one year complimentary membership in HOPA, and an award check.

Eligibility: Nominees need not be HOPA members. Nominators must be HOPA members in good standing. Nominees must have at least 2 years of hematology/oncology pharmacy support experience and be currently employed in an organized health care setting. Preference will be given to those who are Certified Pharmacy Technicians (CPhT).

Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Please note, nominees will be asked to provide an updated copy of their CV if not provided in the submission form.

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA Technician Award
Nomination Form**

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

SAMPLE

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Technician Award. For each item, describe in detail how the nominee has:

Continually strived for excellence in his/her technical support area.

Showed a commitment to patient care through daily activities.

Participated in committee or departmental activities related to patient care and/or hematology/oncology practice.

Been considered an important and vital member of the hematology/oncology pharmacy practice team.

Demonstrated leadership in his/her role as a technician.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation (25 words or fewer) for the Award Plaque. Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*

SAMPLE



Volunteer Award Nomination Form

Nomination Deadline: **October 1, 2024**

The **HOPA Volunteer Award** recognizes the time, talent and energy of a HOPA member who contributes significant volunteer service to the organization through committee and/or task force contributions and representing HOPA at external events.

Award: Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque and award check. The recipient will also be featured in April, to coincide with National Volunteer Week (such as the HOPA Member Update and HOPA's social media accounts).

Eligibility: Nominees must be HOPA members in good standing, be actively involved in organizational work (e.g., serving on a committee, participating in a task force, representing HOPA at external events, etc.) during the period of eligibility, defined as the preceding year leading up to the Annual Conference. (Contributions occurring within 36 months prior to the Annual Conference that exemplify the core values of the association will be considered/evaluated.) Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award. Self-nominations will be accepted.

Submit a Nomination:

Complete the form here: <https://www.surveymonkey.com/r/77LHDZ9>

Please note, nominees will be asked to provide an updated copy of their CV if not provided in the submission form.

Nominations must be submitted by **October 1, 2024**, to be considered.

**HOPA Volunteer Award
Nomination Form**

PART 1

Nominator Information

Name:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name and Credentials:

Title:

Place of Employment:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Please include a copy of the nominee's CV.

**HOPA Volunteer Award
Nomination Form**

PART 2

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Volunteer Award. For each item, if applicable, please describe in detail how the nominee has:

Made a significant volunteer contribution to HOPA within the eligibility time period (see eligibility).

Spent a significant amount of time, contributing talent and expertise, especially outside of normal business hours, and exceeding expectations of charges of committees/task forces.

Advanced the strategic plan, mission and vision of the organization.

**HOPA Volunteer Award
Nomination Form**

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: A leader and role model who volunteers tirelessly to advance the vision and mission of HOPA.

SAMPLE