



Maryland Career Development Association

Guidelines and Application for Award Nomination Outstanding Career Professional

The nomination packet is not to exceed 250 words per demonstration statement and must be received by midnight (via email) on **Monday, March 26, 2018**. All nominations must be in a typewritten format and include the following

- Completed nomination form signed by nominator
- Supporting information/letters of support that demonstrate how the Career Development Professional made a difference in his/her job and/or community. Please submit a copy of the nominee's resume if possible.
- Submissions **must** include **specific** examples that demonstrate how each criterion is met as outlined in the award category.

Forward completed nomination (MS Word or PDF format) to:

Via e-mail: MCDA.Awards@MDCareers.org

Selection Criterion:

Awards Committee will evaluate nomination against all the criteria and make a decision to accept or reject nomination. These recommendations will be sent to the executive board of MCDA for approval.

Nominators will be notified of Awards Committee's decision via email. Successful nominees will be invited to attend the 2017 Conference where they will be recognized at the Double Tree Hotel – Columbia, MD on April 13, 2018.

If you have question concerning the nomination process, please email the Awards Committee at MCDA.Awards@MDCareers.org



Maryland Career Development Association

OUTSTANDING CAREER PROFESSIONAL AWARD NOMINATION FORM

All nominations must be received by midnight (via email) on Monday, March 27, 2018. Late submissions will not be accepted.

Please complete the following information

About the Nominee:

NAME: _____

EMPLOYER: _____

JOB TITLE: _____

YEARS IN PROFESSION: _____

ADDRESS: _____

EMAIL: _____

PHONE (business): _____

PHONE (home): _____

About the Nominator:

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE (business): _____

PHONE (home): _____

Describe how the nominee has provided distinguished career counseling services to others:

By signing this nomination form, I attest that the information presented concerning the nominee of this award is accurate to the best of my knowledge, and that no information presented pertaining to the nominee will result in the violation of privacy or will result in any known harm to the nominee.

Nominator's Signature: _____ Date: _____