

**American Association of State Counseling Boards
Distinguished Service Award Nomination Form**



Application Deadline: September 1 of each year

Name of Nominee _____ Email Address _____

Telephone (_____) _____ State Licensing Board Affiliation _____

Years of Service on Licensing Board _____ AASCB Involvement _____

Nominated by _____ State Licensing Board Affiliation _____
(NOTE: Nominator must be outside of nominee's licensing board)

Complete the Following:

Why do you feel your nominee should be considered for AASCB's Distinguished Service Award?

What extraordinary contribution or service did this individual provide on behalf of AASCB or its mission?

Is there any other information that you wish the Executive Committee to consider in evaluating this nominee?

Individual Making the Nomination

Name of Nominee _____ E-Mail Address _____

Telephone (_____) _____ State Licensing Board Affiliation _____

Completed Applications may be sent via e-mail or mail to:
AASCB, 305 N. Beech Circle, Broken Arrow, OK 74012 or info@aacsb.org

Questions: Contact AASCB at 918-994-4413