

1.

Please complete the application completely.

1. Submitted by:

* 2. Please enter the candidate information:

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

3. Candidate's Academy membership number:

4. Please enter the education information.

Highest degree completed

Date of highest degree

Institution

City/State

5. Nominees should have made significant contributions in community dietetics in one or more of the following areas:

- Development of a special community nutrition program
- Development of patient/public nutrition education material
- Original contribution in community nutrition research

Please describe your contribution below.

6. Please add any other information that supports the nomination for the Community Excellence Award.

7. Please submit information regarding your employer (if you are selected, a letter will be sent to your employer).

Supervisor Name:

Supervisor Title:

Organization:

Address:

Email Address: