



NAADAC Recognition and Awards Nomination Form

To be considered for a NAADAC Recognition and Award, current membership in NAADAC is required.

Name: _____

Credentials: _____

Address: _____

City, State, Zip: _____

Contact Phone: (_____) _____ - _____

E-mail: _____

Recognition and Awards Nomination

All award nominations must be received by May 31 for consideration by the NAADAC Awards Committee with the NAADAC Recognition and Awards Nomination Form signed by the nominee. For details of each award please go to: <http://naadac.org/recognition-and-awards>.

Please indicate the name of the Nominated Award submitted for recognition:

Addiction Educator of the Year Award

**Lora Roe Memorial Addiction Counselor
of the Year**

Lifetime Honorary Membership Award

Medical Professional of the Year

Mel Schulstad Professional of the Year

Organizational Achievement Award

William F. "Bill" Callahan Award

Please sign the following acknowledgment statement:

I acknowledge the nomination for a NAADAC award indicated above, have met all the criteria for the Award and have demonstrated to the satisfaction of one's peers full compliance and support of NAADAC's Code of Ethics throughout my professional career.

Signature: _____ Date: _____

Return to:

NAADAC, the Association for Addiction Professionals
Attn: Awards Committee Chair
44 Canal Center Plaza, Ste 301
Alexandria, VA 22314 or

Fax to NAADAC Award Committee: 800.377.1136 or

E-mail to naadac@naadac.org (please put "NAADAC Awards" in the subject line)