**Gloria “Mike” Gilbert Memorial Award**

**Sponsored by ASCLS-Georgia and administered by the ASCLS Education and Research Fund**

Congratulations; you have been nominated for the *Gloria “Mike” Gilbert Award* in memory of **Gloria Fairfax Gilbert**. The Gilbert award recognizes leadership, professional excellence, and specific accomplishments in Clinical Laboratory Science. For more information, see <http://www.ascls.org/about-us/education-and-research-fund>.

*Nominator, please provide your name and email address in the colored line and forward to your nominee.*

**Nominee Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name, Degree, Certification, and Title (type on next line to the right of the arrow)  → | | | | Date  → |
| Address  → | | | | |
| City  → | | State  → | | Zip  → |
| Email  → | Phone 1  → | | Phone 2  → | |
| Name of *nominator* (type on next line to the right of the arrow)  → | Nominator’s email  → | | | |

**ASCLS Activities**

Please list your participation in state, regional, or national ASCLS activities, for instance, committees, special task forces, elected or appointed positions. Limit to the last ten years.

|  |  |
| --- | --- |
| **Activity** | **Dates** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Professional Activities**

Please list your participation non-ASCLS professional activities, for instance, membership in organizations, committees, elected or appointed positions. Limit to the last ten years.

|  |  |
| --- | --- |
| **Activity** | **Dates** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**Additional Accomplishments**

Please list any specific professional accomplishments, for example, grants, publications, and honors. Limit to the last ten years.

|  |  |
| --- | --- |
| **Activity** | **Dates** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

Add pages if necessary.  
Electronic submission only: please email, *with your curriculum vitae or resume* to your nominator.