



NOMINATION FOR THE COLLEGE AWARD OF MERIT
Operational Program Policy OPM-5.3

I. PERSONAL DATA:

Nominee: _____
(Last Name) (First Name) (Initial)

Home Address: _____

(City, Province) (Postal Code)

Telephone: _____
(Home) (Work)

II. EMPLOYMENT HISTORY: (Include employer's name, address, and position held.)

III. ACTIVITIES DIRECTLY INVOLVED WITH SUPPORTING THE PROFESSION:

NOMINATED BY: _____

Submit to:
301-9426 51 Avenue NW, Edmonton, AB, T6E 5A6
Phone: (780) 435-5452 Toll-Free: 1-800-265-9351 Fax: (780) 437-1442
E-mail: info@acmlt.org Website: www.acmlt.org