**Nomination Form – FCOMP Award**

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| --- | --- |
| **Name of Nominee:** |  |
| **Nominee’s Title/Organization:** |  |
| **Nominee’s Phone/e-mail:** |  |
| **Nominator’s Name:**  |  |
| **Nominator’s Title/Organization:**  |  |
| **Nominator’s Phone/E-mail:**  |  |
| **Signature:**  |  |
| **Date of Submission:** |  |
| **Summary of Nominee’s Contribution to COMP:** |  |
| **Summary of Nominee’s Contribution to Research and Development:** |  |
| **Summary of Nominee’s Contribution to Professional Practice:** |  |
| **Summary of Nominee’s Contribution to Education and Mentorship:** |  |

Nominators should mail or e-mail this form along with a cover letter and two letters of support. (Please note: if the nominator has not received the FCOMP award, then he/she is asked to obtain two letters of support from members who hold an FCOMP)

Chair, Awards and Nominations Committee

C/0 COMP Office

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