Nomination Form

ASSP Safety Professional of the Year Award

This form is to be completed by the individual or representative of the ASSP community (Chapter, Council, Common Interest Group, Practice Specialty, or Region) submitting the name of a nominee for this award.

**Nominee:**

The ASSP member who is being nominated to receive the Safety Professional of the Year Award. Members may nominate themselves for this award.

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:**  Click or tap here to enter text.

**Title:**  Click or tap here to enter text.

**Company/Organization:**  Click or tap here to enter text.

**Briefly describe the nominee’s current or recent ASSP activities:**

Click or tap here to enter text.

*I have reviewed the petition and believe all statements to be accurate and a faithful reflection of my activities in the Society, for my employer and for my local community.*

**Nominee’s Signature**:

*Use your mouse to navigate to the signature box then double click below to sign.*



**Nominated by:**

An ASSP member or entity such as a council, region, common interest group, practice specialty or chapter may submit petitions on behalf of the nominee. The nominator may serve as the petition coordinator.

**Is this a Self-Nomination:**  Yes  No

**Name:** Click or tap here to enter text.

**Nominating ASSP Community (if applicable):** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Company/Organization:** Click or tap here to enter text.

*As the nominating individual or representative of the nominating ASSP community (Chapter, Council, Common Interest Group, Practice Specialty, or Region), I have reviewed the petition and believe all statements to be accurate and a faither reflection of the nominee’s safety activities in the Society, for an employer and for their local community.*

**Signature of nominating individual or ASSP Community representative**

*Use your mouse to navigate to the signature box then double click below to sign.*



**Petition Coordinator:**

The petition coordinator must compile and submit the petition on behalf of the nominee. The petition coordinator must be an ASSP member familiar with the nominee’s body of work.

**Is the Petition Coordinator the same as the Nominator listed above?**   Yes  No

**If no, please complete this section:**

**Name:** Click or tap here to enter text.

**Title**: Click or tap here to enter text.

**Company:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Submission Checklist:**

Submission details can be found in the [Checklist for Petition Coordinator](https://www.assp.org/docs/default-source/awards-documents/spy_checklist_for_petition_coordinator_apr2023.pdf). Please refer to it to ensure you have all the needed elements for a complete ASSP Safety Professional of the Year Award Petition.