

## ISRC Legacy Award Nomination Form

**Eligibility for nomination:** An individual may be nominated for the Legacy Award if s/he has dedicated two decades or more to the development, improvement and advancement of the practice of Respiratory Care in Illinois, and through his or her vision, vitality and diligence has significantly impacted the profession of Respiratory Care as it is practiced in Illinois today. The Award is not given posthumously.

Name of Nominee: \_\_\_\_\_

Nominee's Contact information: \_\_\_\_\_

\_\_\_\_\_

Name of person submitting this nominee: \_\_\_\_\_

Submitter's Contact information: \_\_\_\_\_

\_\_\_\_\_

**Nomination:** \_\_\_\_\_

\_\_\_\_\_

Any member of the ISRC can suggest a nominee by contacting a member of the BOD. Prior to the third quarter meeting, members of the BOD may place names in nomination by completing this form and forwarding it to the individual designated by the President of the ISRC.

**Voting:** \_\_\_\_\_

\_\_\_\_\_

Nominations will be submitted to the ISRC BOD at the third quarter meeting for a vote. If a tie occurs between two nominees, both will become Legacy Award recipients.

**Current Position:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Previous Positions Held:** \_\_\_\_\_

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**Credentials and Education:** \_\_\_\_\_

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**Achievements and Contributions:** \_\_\_\_\_

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**ISRC/AARC Membership and Involvement:** \_\_\_\_\_

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**Summary:** \_\_\_\_\_

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