



# NOMINATION AS A FELLOW OF THE INSTITUTE

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

Nominee's Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Position Title \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Please give a brief outline of your nominee's qualifications below and **attach additional sheets** to expand upon these entries:

1. Education and Experience:

2. Professional Achievements and Activities:

3. Contributions to IHMM and/or programs that directly benefit IHMM(s):

Nominator's IHMM Credential: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print your name*

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

*For IHMM Executive Office Use Only*

Nominee Packet: _____	Date sent: _____	Cert ID # _____	Cert Date: _____
<input type="checkbox"/> Decline	<input type="checkbox"/> Accept- Bio rec'd: _____	Recert status: _____	Fee status: _____
		Year Fellow Status Achieved: _____	

**Return this completed form and attachments to the IHMM Executive Director at [gguilford@ihmm.org](mailto:gguilford@ihmm.org)**



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