



NOMINATION AS A DISTINGUISHED DIPLOMATE

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 its communities of practice:

Nominated by: : _____ Daytime Phone: _____ Date: _____ *Please print your name*

Signature: _____ Email: _____

For IHMM Executive Office Use Only

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

Please send this completed form and any attachments to: gguilford@ihmm.org



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