

**FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION
LIBRARIAN OF THE YEAR
NOMINATION FORM**

Date: _____

Deadline for submission: April 1, 2011

PERSONAL INFORMATION:

Please provide the nominee's name, institution name, current address, telephone number, email address, and a brief curriculum vitae, if available, as well.

Nominee's Name: _____

Institution: _____

Address: _____

Phone: _____

Email: _____

SUPPORTING DOCUMENTATION:

In a typewritten memo not to exceed one page, please describe the reason(s) you think the nominee is deserving of this award. Information may include contributions to the profession, accomplishments at his/her library, assistance to other libraries or librarians, involvement in library associations, or other areas of personal achievement.

OPTIONAL DOCUMENTATION

The nominator may submit up to three (3) letters of support for the nominee. Letters should be included with the nomination.

Please provide the following information about yourself as nominator.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Please return this completed form with all additional informational pages to the Honors and Awards Committee Chair listed below. Nominations may be mailed, faxed, or emailed.

Kathleen Moeller, FHSLA Awards Committee Chair
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University of Florida
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Jacksonville, FL 32209
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