

**FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION**

**LIBRARIAN OF THE YEAR**

**NOMINATION FORM**

Date: \_\_\_\_\_

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

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

Rose Bland  
Shimberg Health Sciences Library  
University of South Florida  
12901 Bruce B. Downs Blvd., MDC31  
Tampa, FL 33612  
813-974-2289  
813-974-4840 Fax  
rbland@healthlib.usf.edu