***AHMP Hazardous Materials Professional of the Year Award/Cover Sheet***

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| --- | --- | --- | --- | --- |
|  | Nominator |  | Nominee | |
| Name: |  |  |  | |
| Address: |  |  |  |
|  |  |  |  | |
|  |  |  |  | |
| Phone: |  |  |  | |
| Email: |  |  |  | |

**Please include a digital photograph of the nominee with this submittal.**

**================================DO NOT WRITE BELOW THIS LINE================================**

**Reviewer’s Name: Review Date:**

This award is given to an outstanding, peer-nominated, Professional or Certified member of the AHMP **age 35 & over** who, in the award year, has made extraordinary technical, professional, educational, training and/or administrative contributions to the EHS&S field and to the AHMP and/or its chapters while promoting the AHMP Strategic Plan. This award includes a one (1) year exemption from AHMP dues. *NOTE: Nominators and reviewers must be provided with the AHMP Strategic Plan.*

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| --- | --- | --- | --- |
| **Criteria** | **Scoring Method** | | **Reviewer’s**  **Score** |
| 1. Is the nominee age 35 or over? | Yes / No | |  |
| 1. Does the data provided cover the previous calendar year? | Yes / No | |  |
| 1. Does the data provided demonstrate extraordinary technical, professional, educational, training, and/or administrative contributions to the EHS&S field? | Yes / No | |  |
| 1. Does the data provided demonstrate extraordinary technical, professional, educational, training, and/or administrative contributions to the AHMP and/or its chapters? | Yes / No | |  |
| 1. Does the data provided demonstrate that the nominee promotes the AHMP Strategic Plan? | Yes / No | |  |
| 1. Does this nominee meet the minimum requirements for this award? | Yes / No |  | |
| 1. In your opinion, what is this nominee’s ranking compared to the other nominees for this award? | 1st place to *nth*place |  | |