***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 |  |