

## **NDCA INNOVATIONS AWARD**

**Background and Purpose:** The purpose of the Innovations Award is to recognize anyone in the area of counseling for innovative ideas in the work place, to recognize and promote professionals for their creative methodology in working with clients/students, and to honor those who go above and beyond in their work to promote counseling.

### **Criteria:**

1. Has made innovative contributions in research or published articles in the field of counseling.
2. Has made innovative contributions in workshop leadership and/or conference presentations in the field of counseling.
3. Must be a member of NDCA.

### **Procedure:**

1. Nominee must meet one or more of the criteria
2. Nominee must be a member of NDCA and serving in a counseling capacity during the current year.
3. Must submit the nomination form outlining the criteria for the award enclosing examples of what the nominee has done to satisfy the criteria.
4. Must support two letters of reference/support.
5. Nominee cannot be a current member of the NDCA Executive Board.
6. All materials due: 11-30-18.
7. Forward materials to: **Rebecca Ringham, Minot State University, Registrar's Office, 500 University Ave. W., Minot, ND 58707; FAX - 701-858-3386; [rebecca.ringham@minotstateu.edu](mailto:rebecca.ringham@minotstateu.edu); 701-858-3126.**

# North Dakota Counseling Association Awards Nomination Form

All information on this form must be filled in completely.

**Award** \_\_\_\_\_

## **Nominee Information**

Nominee \_\_\_\_\_

Position or Title \_\_\_\_\_  
(If nominee is retired or unemployed, please list former occupation or profession.)

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Please attach a written document outlining why you feel this person should receive this award.

## **Nominator Information**

Nominator \_\_\_\_\_

Position or Title \_\_\_\_\_  
(If you are retired or unemployed, please list former occupation or profession.)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_