

# North Dakota Association for Counselor Education and Supervision (NDACES)

## Dr. Robert C. Nielsen Supervisor of the Year Award

### Background and Purpose:

The Dr. Robert C. Nielsen Supervisor of the Year Award recognizes the supervisor who provides outstanding supervision to ND university counseling interns (clinical mental health counseling or school counseling) and/or ND pre-licensure counselors. The recipient of this award has demonstrated sustained excellence in supervision marked by compassion, caring, and commitment to optimism.

### The following criteria are to be used in identifying the recipient:

1. Must be current member of NDCA with dues paid.
2. Must be a practicing clinical mental health counselor, school counselor, or counselor educator, or retired from one of these professions.
3. Has demonstrated excellence in supervision to ND university counseling interns (clinical mental health counseling or school counseling) and/or ND pre-licensure counselors for three or more years.

### Guidelines for submitting NDACES Dr. Robert C. Nielsen Supervisor of the Year Award nomination:

1. The nomination must be made by a current member of NDCA with dues paid.
2. The following nomination materials must be submitted:
  - a. Nomination application
  - b. Letter of nomination from the award nominator
  - c. Two additional letters of support that clearly state the reasons why the nominated individual is deserving of this award.
3. The nomination materials must be **e-mailed in PDF format** simultaneously by **December 15, 2016** to Dotti Dixon, at the e-mail address below.

- [dotti\\_dixon@bismarckschools.org](mailto:dotti_dixon@bismarckschools.org)

## **Dr. Robert C. Nielsen Supervisor of the Year Award *Nomination Application***

### **NOMINEE INFORMATION**

Name of Person Being Nominated \_\_\_\_\_

Position \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **NOMINATOR INFORMATION**

Name of Person Making Nomination \_\_\_\_\_

Position \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

*In addition to submitting this nomination form, a letter of nomination from the award nominator and two additional letters of support that clearly state the reasons why the nominated individual is deserving of this award must be submitted simultaneously.*