

Arkansas Speech-Language-Hearing Association

P.O. Box 24103 Little Rock, Arkansas 72221

ph: 501.244.0621 fax: 501.224-0988



Poster Ambassador Nomination Form

ArkSHA selects one child and one adult poster ambassador each year to represent the dedicated work our professionals do to make a difference in the lives of individuals and their families. Poster ambassadors have demonstrated significant growth and reflect the work of speech-language pathologists and audiologists. We all have patients that have made an impact on what we do. You may consider someone who has made significant gains in therapy, someone who has overcome insurmountable odds, or someone who is irresistible, charming, full of charisma and adorable. Write a letter and tell ArkSHA who that is!

Please submit all nominations by April 1.

- **Mail: P.O. Box 24103, Little Rock, AR 72221**
- **Phone: 877-427-5742**
- **Fax: 501-224-0988**
- **Email: arksha@arksha.org.**

Nominations must include the following information:

1. The Nomination form
2. Photo of Nominee
3. Narrative text that provides the rationale for why this individual is being nominated. Consider the following points for the narrative text:
 - a. Description of the significance of the achievement
 - b. Explanation of how the nominee's actions have advanced knowledge in the area of clinical practical or research.
 - c. Explanation of the nominee's role in the achievement

FORMAT

Documentation for nominations should be typed and single-spaced. Total pages are not to exceed 5 numbered, single-spaced, typed pages including nomination and summary forms and letter(s) of support. Pages beyond this number will be removed before distribution to the Committee. Additional information will be requested if necessary.

ArkSHA Poster Ambassador Nomination Form

I. NOMINEE INFORMATION

Name: _____

Professional title/Affiliation: _____

Address: _____

City/state/zip: _____

Email address: _____

Daytime phone number: _____

II. PERSON SUBMITTING NOMINATION

Name: _____

Professional title/Affiliation: _____

Address: _____

City/state/zip: _____

Email address: _____

Daytime phone number: _____

Please provide a brief statement of nomination – stating why this individual is nominated in three sentences or less.