

## **OUTSTANDING ACCOUNTING EDUCATOR AWARD**

## **NOMINATION FORM**

Nom	inee's Name
Stre	eet Address
City	y, State, Zip
Phone	Email Address
Position Hel	d (Full Description)
Previous Positions Held (include titl	e, responsibilities and dates of service)

Degrees Earned (include degree, institution and year)	
Professional Designations (CPA, CMA, etc., include dates earned)	
Academic or Other Honors (include dates)	

Please provide additional information concerning the nominee's teaching, leadership in professional and civic organizations, writing, speaking, curriculum development and research.

The nominee should have at least 10 years' experience as a full time accounting educator and made significant contributions to accounting education, and/or has had significant impact on the lives of his/her students.

A letter of introduction and your reasons for nominating this person should accompany this nomination form along with two recommendations on behalf of your nominee.

Please send applications by October 1 to:

The Educational Foundation of The Georgia Society of CPAs Attn: Callie Hammond 6 Concourse Parkway, Suite 800 Atlanta, GA 30328

> chammond@gscpa.org Fax: (404) 237-1291