**Outstanding Service Award**

Please complete the following application form. Email this form and any supportive materials that would be helpful to the committee, preferably as one pdf document, to the ABCT central office at **ABCTAwards@abct.org**.

ABCT is taking seriously the charge to be diverse, inclusive, accessible and representative in all ABCT-sponsored programs. To that end, we are requesting that all nominators and award candidates identify, to the extent they are comfortable and would like to share these details, their pronouns, in addition to their gender, race, and ethnic background. Nominators should also be mindful to not disclose information about award candidates that they have not consented to be shared. The information collected will be shared with the Awards and Recognition Committee who are responsible for reviewing the application materials. The statistics of our awards program will be shared with the Board of Directors and membership without reference to individuals but the program in general.

***Note: Nominations for this award are accepted only from members of the ABCT governance.***

**Name of Nominee:**

**ABCT Affiliation:**

**Your Name:**

**Your ABCT Governance Affiliation:**

**Please describe how this person has provided outstanding service to ABCT:**

***Incomplete applications will not be considered.***