

NOMINATION FORM

LASACT LOUISIANA PROFESSIONAL & PROVIDER AWARDS OF THE YEAR - 2009

Instructions for making a nomination:

Submit only one Nominee/Award per Form - Make copy of form for multiple nominees.

Complete all applicable items in Parts 1, 2, and 3

Make copies of form, and add extra sheets as necessary

Nominees must be current members of LASACT. Non-members are ineligible.

In the Provider categories preference is given to LASACT Organizational Members.

Part 1

Nominee's Name: _____ District #: _____

Nominee's Address: _____

Award For Which Person is Being Nominated (Check only one):

- Louisiana Addiction Counselor of the Year (LAC, CAC, RAC)
- Louisiana Prevention Professional of the Year (LPP, CPP, RPP)
- Louisiana Gambling Counselor of the Year (CCGC)
- Louisiana Certified Clinical Supervisor of the Year (CCS)
- Louisiana Counselor in Training (CIT) of the Year
- Louisiana Prevention Specialist in Training (PSIT) of the Year
- Louisiana Addiction Service Provider of the Year
- Louisiana Prevention Service Provider of the Year

Number of Years in current ADRA status (i.e. LAC, CAC, RAC, CIT, LPP, RPP, PSIT, CCGC): _____

Number of Years Provider has been in operation _____

Part 2

Submit the following items to support each nomination made:

- ✓ Louisiana Addiction Counselor, Prevention Professional, or Gambling Counselor of the Year nominees: documentation of overall skills as an Addiction Professional; documentation of supervisory skills for CCS nominee.
- ✓ Louisiana CIT or PSIT of the Year Nominees: Reference letter from supervisor assessing counseling and work performance.
- ✓ Louisiana Provider of the Year Nominees: Documentation of innovative programming; evidence of hiring priority given to credentialed Addiction/Prevention Professionals; demonstrated support of LASACT'S mission.

Part 3

For all types of nominees submit documentation of:

Community service

Contributions to the field of addictive disorders/prevention/gambling counseling

Contributions to the LASACT organization

Nomination Submitted By: _____

District #: _____ Telephone Number: _____

E-mail Address: _____