



Application for Nomination

Nominators are asked to refrain from informing the individual about the nomination.
The nomination process should be kept confidential.

1. Full Name of Nominee:
2. Title:
3. Specialty:
4. Affiliation of Nominee:
5. Nominee Contact Information:

Address:

City:

State:

Zip:

Email Address:

Phone:

Please specify: Work

Home

Cell

NOMINATOR INFORMATION **Self-nomination is not permitted*

1. Name(s) of Nominator(s)*:
2. Title:
3. Affiliation of Nominator(s) (including Region, if applicable):
4. Nominator Contact Information:

Address:

City:

State:

Zip:

Email Address:

Phone:

Please specify: Work

Home

Cell

Please send the complete nomination packet to Caira Turner at caira.turner@cancer.org
Submissions must be received by 3:00 pm ET on Friday, May 11, 2018.



American Cancer Society
Lane Adams Quality of Life Award

Application for Nomination

SUPPORTING DOCUMENTATION

In the space below, please share what sets the nominee apart from their colleagues with regard to cancer caregiving. Please share examples of how this person has exceeded the expectations of their job duties to demonstrate consistent excellence or innovative approaches in cancer care. (Please use 500 words or less).

SUBMISSION GUIDELINES

A complete nomination packet must include:

- Application for Nomination
- One letter of support from a patient or a patient's family member
- One letter of support from a colleague or a supervisor

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