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**George R. Collins Animal Technician Award**

**Excellence in Laboratory Animal Husbandry**

Sponsored by Inotiv

The Awards Committee is soliciting nominations for the George R. Collins Technician Award. The award includes a $250 honorarium and plaque. The purpose of the award is to:

1. Increase animal technician involvement in laboratory animal science.
2. Stimulate job motivation.
3. Enhance personal advancement and/or recognition.

**Nominees for this award must meet the following eligibility criteria:**

1. Current member of CBAALAS having joined or renewed membership by March 15, 2024.

2. Must not hold a current elected or appointed position on the CBAALAS Council.

3. Must be a laboratory animal technician with a minimum of 1 year of experience.

4. Must be directly involved in animal care (working as caretakers). Secretaries,

managers, supervisors, and veterinary technicians are not eligible.

5. May be self-nominated or nominated by a colleague.

**The following items must be received as one nomination packet by no later than December 6, 2024.**

1. Completed nomination form.

2. A nomination letter (written by nominee if self-nominated) or by the person nominating an

individual for this award.

3. A minimum of two and a maximum of three letters of support (In addition to

nomination letter).

4. *Optional:* Nominee’s resume is encouraged but not required.

The CBAALAS Awards Committee will review the nominations and select the winner on the basis of merit. Nominations received after December 6, 2024 will not be eligible for consideration.

**Pre-Submission Checklist**

Review all your documents carefully and fill in the checklist below to ensure your packet is complete prior to submitting the nomination. This will also help the Awards Committee to confirm they have received all of the documents you intended to include in the packet. Nominations that are received after December 6, 2024 or that do not include all required items will not be accepted.

***Required Items:***

The nominee meets all eligibility criteria.

The nomination form has been filled out and attached.

A nomination letter written by the nominee (if self-nominated) or the colleague

nominating an individual for the award.

A **minimum of two and a maximum of three** letters of support (In addition to

nomination letter).

How many letters of support are attached?  2  3

***Optional Items:***

Nominee’s resume.

Have all the authors of letters of support provided their contact information in their letters?

Yes  No

If no, please provide the missing contact information here:

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |

**Return completed nomination packet by December 6, 2024 to:**

Cara Strathmann

Email: [CHatten@northshore.org](mailto:CHatten@northshore.org)

If you don’t receive a confirmation that your packet was received, please call Cara at 224-364-7979.

**Please send the nomination form and ALL supporting documents as one package. Whenever possible please scan all documents and email as one attachment per nominee.**

**George R. Collins Animal Technician Award Nomination Form**

**George R. Collins Animal Technician Award Nomination Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee: | | Phone Number: | |
| Institution: | Email Address: | | |
| Number of years in the laboratory animal field (Min. 1 year required): | | | |
| Does nominee hold a current CBAALAS membership?  Yes  No (Ineligible for award) | | | |
| Number of years nominee has been a member of CBAALAS: | | | |
| Number of years nominee has been a member of AALAS: | | | |
| Highest education level achieved: | | | |
| Highest AALAS certification achieved: | | | |
| If nominee is selected for this award is he/she interested in being featured in the Member Spotlight section of the CBAALAS newsletter with a photo and Q&A session?  Yes  No | | | |
| Please describe animal care experience: | | | |
| Areas of special interest in animal care: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Special training: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Please describe professional animal care activities (e.g. national and/or local committees, etc): | | | |
| Publications, presentations, awards: | | | |
| Are you nominating yourself for this award?  Yes  No (Fill out nominator info below) | | | |
| Nomination submitted by: | | | Date: |
| Email Address: | | | Phone Number: |