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**Facility Support Award**

**Excellence in Laboratory Animal Facility Support**

The Awards Committee is soliciting nominations for the Facility Support Award. The award includes a $250 honorarium and plaque. The purpose of the award is to:

1. Increase facility support staff involvement in laboratory animal science.
2. Stimulate job motivation.
3. Enhance personal advancement and/or recognition.
4. Enhance teamwork between support staff and animal care personnel.

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

1. Current member of CBAALAS having joined or renewed membership by May 1, 2020.

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

3. Must provide direct support to a laboratory animal facility (i.e. cage wash techs,

census techs, receiving or procurement staff, administrative assistants, etc) with a

minimum of 1 year of experience.

4. Must be primarily responsible for facility support related duties with little or no

animal care responsibility. Animal care technicians, veterinary technicians,

veterinarians, managers, and supervisors 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 11, 2020.**

1. Completed nomination form.

2. Nomination letter written by the nominee (if self-nominated) or by the colleague

nominating an individual for this award.

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

4. *Optional:* A maximum of three letters of support (in addition

to nomination letter) will be accepted but are not required.

The CBAALAS Awards Committee will review the nominations and select the winner on the basis of merit. The award will be presented during the awards ceremony held in January 2021. Nominations received after December 11, 2020 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 11, 2020 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 by the colleague

nominating an individual for this award.

***Optional Items:***

Nominee’s resume.

A **maximum of three** letters of support (in addition to nomination letter).

How many optional letters of support are attached?  1  2  3

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 12/11/2020 to:**

Cara Strathmann

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

If you do not receive a confirmation that your packet has been 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.**

**Facility Support Award Nomination Form**

**Facility Support 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 facility support related duties and any other relevant experience: | | | |
| Areas of special interest in facility support: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Special training: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Please describe professional activities (e.g. national and/or local committees, etc): | | | |
| Publications, presentations, awards: | | | |
| Are you nominating yourself for this award?  Yes  No (Fill in nominator info below) | | | |
| Nomination submitted by: | | | Date: |
| Email Address: | | | Phone Number: |