

**MINNESOTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS
MINNESOTA RADIOLOGICAL SOCIETY
AWARD NOMINATION FORM**

Submit a single nomination form for each nominee.
Please print or type all required information!

NOMINEE INFORMATION

Nominee: (First, Middle Initial, Last Name) _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Nominee's E-mail Address (If Known): _____
Phone: _____ Year Nominee Joined MSRT: _____
Nominee's MSRT District Participation: ___Northern ___Central ___Metro ___Southern
Employer's Name: _____
Employer's Address: _____
City: _____ State: _____ Zip Code: _____
Position/Title of Nominee: _____
Supervisor Name: _____ Supervisor Phone: _____

NOMINATOR INFORMATION

Nominator's Name (First, Middle Initial, Last): _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-mail Address: _____ Year Nominator Joined MSRT: _____
Home Phone: _____ Work Phone: _____
Nominator's MSRT District Participation: ___Northern ___Central ___Metro ___Southern
Nominator Signature: _____ Submission Date: _____

**APPLICATIONS MUST BE COMPLETED ACCORDING TO THE PARTICULAR AWARD
CRITERIA. CAREFUL ATTENTION SHOULD BE DIRECTED TO SUBMISSION DATE
DEADLINES!!**

THANK YOU FOR YOUR INTEREST IN THE MSRT AWARDS PROGRAM!

MSRT MINNESOTA RADIOLOGICAL SOCIETY AWARD

Deadline Date: July 1st and July 15th
Submit Nominations by July 1st to: District President

District President: Forward Nomination to Awards Chairman by July 15th

I. PURPOSE

The purpose of this award is to give recognition to, "A MSRT member who shows a special tender loving care with patients. This person shares not only his/her technical knowledge to competently complete an exam but takes the extra time to let patients know he/she has time to listen, comfort and complete exams professionally. This person takes the extra effort to assist patients and share a part of his/herself."

II. QUALIFICATIONS

- A. The nominee must be a member of the Minnesota Society of Radiologic Technologists.
- B. The nominee must fulfill the purpose of the award as defined above.

III. GUIDELINES

- A. The nominator must submit a one (1) page typed explanation why the nominee should receive this award.
- B. The nominator must complete the application provided for the award.
- C. The application must include the following information:
 1. Full name of the nominee.
 2. Home address and phone number of the nominee.
 3. Date the nominee became a member of the Minnesota Society of Radiologic Technologists.
 4. MSRT district location nominee participates in.
 5. Name and address of the nominee's place of employment and name of nominee's supervisor.
 6. Name and address of the nominator and date nominator became a member of the Minnesota Society of Radiologic Technologists. **NOTE:** All nominators must be members of the Minnesota Society of Radiologic Technologists with the exception of Radiologists.
- D. Each district is permitted a single Minnesota Radiological Society Award recipient per year.
- E. Selection of the recipient of this award will be made on the individual district level by the District President and the Executive Board President.
- F. The Award recipient's employer will be notified by their District President. Every effort should be made to have the recipient present at the Annual Meeting awards ceremony. The award will be presented during the MSRT Annual Meeting.