

**New York State Society of Medical Assistants
PROFESSIONAL LEADERSHIP AWARD**

APPLICATION FORM

The purpose of this award is to recognize a member of the New York State Society of Medical Assistants (NYSSMA) as a person who has demonstrated exemplary leadership to this organization.

Nominee: _____

Nominated by: _____
Chapter/Member

Contact: E-mail _____ **Phone:** _____

AWARD CRITERIA

- The nomination must be made by a chapter or member on behalf of the nominee.
- A chapter or member may nominate only one person per year.
- Applications will not be returned. Nominations are to be made on a yearly basis.
- The listed activities of the nominee should cover a minimum of ten years.
- During the evaluation process, the focus on the individual's accomplishments will be on NYSSMA and chapter activities. National service is not required but will be valued and considered.
- Activities and roles of the nominee will be evaluated as to how the person demonstrated professionalism and leadership.
- Applications must be received by the deadline noted below.

Submit completed application form by _____ **to:**

Mary Schmelzer, CMA
New York State Society of Medical Assistants
Professional Leadership Award Committee
292 Enez Drive
Depew NY 14043

DIRECTIONS

Please complete this form. The committee will review the information to determine the nominee's history regarding this person's role as a professional leader by evaluating the level of involvement in the **local, state, and national** sectors of our tri-level organization. Each sector will be appraised, but that which was accomplished in NYSSMA will hold the greatest influence. If you are uncertain about the dates, please attempt to confirm them with other NYSSMA members.

Check all the positions this nominee has held and indicate the dates by the years of service next to each item checked. Clarifying information or additional roles held can be added in the space provided.

CHAPTER LEADERSHIP		
DATE(S)		
	<input type="checkbox"/>	1) President
	<input type="checkbox"/>	2) Officer –
	<input type="checkbox"/>	3) Officer –
	<input type="checkbox"/>	4) Officer –
	<input type="checkbox"/>	5) Seminar Chair
	<input type="checkbox"/>	6) Delegate to NYSSMA HOD
	<input type="checkbox"/>	7) Mentor to members, new officers, new committee chairs
	<input type="checkbox"/>	8) Work with medical assisting program/students
	<input type="checkbox"/>	9) Presenter at chapter meeting or seminar
	<input type="checkbox"/>	10) Other (name or list below)
Additional Comments or Clarifications:		

AAMA LEADERSHIP

AAMA LEADERSHIP		
DATE(S)		
	<input type="checkbox"/>	President
	<input type="checkbox"/>	Officer
	<input type="checkbox"/>	Board of Trustee Member
	<input type="checkbox"/>	Committee Chair
	<input type="checkbox"/>	Committee Member
	<input type="checkbox"/>	Service at National Convention (Please describe below)
Additional Comments or Clarifications:		