



Award of Merit Recommendation

Nominee's Name _____

Address _____

City/State/Zip Code _____

Reasons for nominating this individual for NDHSCA Award of Merit:

Nominator's Name _____ Cell # _____

Signature _____

Address _____

City/State/Zip Code _____

Email Address _____

Nomination deadline: November 1st
This recommendation will be reviewed at the November Executive Board Meeting.

Mail nomination form to: **Gelaine Orvik**
Executive Secretary NDHSCA
3457 - 26th Avenue South
Fargo ND 58103