American Association of State Counseling Boards
Distinguished Service Award Nomination Form

Application Deadline: September 1 of each year

Name of Nominee __________________________ Email Address______________________________
Telephone (____) __________________ State Licensing Board Affiliation____________________
Years of Service on Licensing Board _____ AASCB Involvement ____________________________
Nominated by ___________________________ State Licensing Board Affiliation________________
(NOTE: Nominator must be outside of nominee’s licensing board)

Complete the Following:

Why do you feel your nominee should be considered for AASCB’s Distinguished Service Award?

What extraordinary contribution or service did this individual provide on behalf of AASCB or its mission?

Is there any other information that you wish the Executive Committee to consider in evaluating this nominee?

Individual Making the Nomination

Name of Nominee __________________________ E-Mail Address______________________________
Telephone (____) __________________ State Licensing Board Affiliation____________________

Completed Applications may be sent via e-mail or mail to:
AASCB, 305 N. Beech Circle, Broken Arrow, OK 74012 or info@aascb.org

Questions: Contact AASCB at 918-994-4413