MUSC College of Health Professions Alumni Association
Distinguished Alumnus Award

CRITERIA

The Distinguished Alumnus Award is given annually to one or more graduates of the MUSC College of Health Professions in recognition of outstanding professional achievement, service to the individual’s profession, the community, the College, and/or the University, excellence in leadership, professional growth, and/or educational advancement or service.

Considering the selection criteria noted below, please use this form to nominate a degree alumnus from the College of Health Professions for the Distinguished Alumnus Award. Please print clearly and provide as much of the requested information as possible. Nominations should be forwarded to the address indicated below by September 3 for consideration in the fall 2014 award presentation.

SELECTION CRITERIA INCLUDE:

Leadership

• Demonstrated leadership in professional practice, education or community

Professional Growth

• Been active in professional organization at the community, state or national level
• Served on committees or held office in professional organization(s)
• Published articles or submitted grant applications
• Introduced new technology, invention, or practice techniques
• Demonstrated active involvement with the College of Health Professions through membership in the Alumni Association or participation in its activities, providing guest lectures, participation in recruitment or admissions activities, etc.

Educational Advancement

• Participated in continuing education either through attendance or as a speaker
• Received or is pursuing an advanced degree

Community Involvement

• Participated in service to the community in civic organizations and/or service groups
• Received recognition for outstanding accomplishment in activities unrelated to profession

PLEASE NOTE: The alumnus need not meet all criteria to be nominated and considered for this award.
Distinguished Alumnus Nomination Form

(Please print clearly or type and provide as much information requested as possible. The deadline for submitting nominations for the award is September 3.

Nominee’s Name: _________________________________________________________________

(First name)     (Nickname)      (Middle/maiden name)       (Last name)

Address: _________________________________________________________________________

________________________________________________________________________________

Day-Time Phone: ___________________ Evening Phone: ______________________________

College of Health Professions Program(s) of study and class year, if known:

If this would be a Posthumous Award, please check here: _____________

Area(s) in which you feel the nominated alumnus merits special consideration (Check all that apply):

_________ Leadership    __________ Educational Advancement

_________ Professional Growth   __________ Community Involvement

_________ Other

Please provide a brief statement on why you have nominated this individual for the CHP Alumni Association’s Award and enclose a curriculum vitae.

Nomination Submitted By: _________________________________________________________

Address: _________________________________________________________________________

Day-Time Phone: ________________ Relationship to Nominee: _________________________

(Signature) _______________________________ (Date) _______________________

Please submit completed form to: CHP Awards Committee, MUSC Office of Alumni Affairs, 261 Calhoun Street, MSC 182, Charleston, SC 29425-1820, FAX (843) 792-7787, phone (843) 792-7979.

(Nominations received after the closing date of September 3, 2014 will be considered for 2015 award. Those received with incomplete information cannot be considered.)