

L'Association des professionnels des laboratoires médicaux de l'Ontario

Trillium Award Criteria

The Trillium Award will be presented in recognition of a significant contribution to the advancement of the Association and the Medical Laboratory Profession in Ontario. Nomination application will be submitted via email to mlpao@mlpao.org. The award will be presented by the Chair at the Annual General Meeting of the MLPAO.

A recipient of the Trillium Award will receive a certificate, an award presented at the AGM and honorary life time membership with the MLPAO.

The Trillium Award recipient:

- 1. Will have a high profile within the medical laboratory professional community, at any level.
- 2. Sets a high professional standard as a role model.
- 3. Must be a member of the Medical Laboratory Professionals' Association of Ontario.
- 4. Both the quality and quantity of contribution to the profession will be considered.

Deadline for nomination application submission is April 30th
See next page for Nomination Form



Trillium Award Nomination Form

| Is the nominee awar | re of this nomination? | YES NO | | | |
|---------------------|------------------------|--------------------------|-------------|--|--|
| MLPAO Membership | o Number: | | | | |
| 1. PERSONAL D | PATA | | | | |
| Nominee: | Surname | Given Name | Initial | | |
| Address: | | | | | |
| Home | Number & S | Number & Street Apt/Unit | | | |
| | City/Town | Province | Postal Code | | |
| Telephone: | Home | Business | Cell | | |
| Employment His | story: | | | | |
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2. EDUCATION DATA

| Post-secondary (Institution, dates, degree(s) or diplomas received): | | |
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| Post-graduate (Institution, dates, degree(s) received): | | |
| rost-graduate (institution, dates, degree(s) received). | | |
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| Academic or Professional/Scientific awards and distinctions: | | |
| Academic of Frotessional/scientific awards and distifictions. | | |
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| 3. PUBLICATIONS RECORD | | |
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| Publications or original works (include only those published or in press): | | |
| rubilcations of original works (include only those published of in press). | | |
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| Completed and unpublished material (include degree of completion): | | |
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| 4. DIRECT MLPAO INVOLVEMENT | | |
| List offices held, committee membership, dates, etc.: | | |
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| List the ways nominee has attempted to improve the qualifications and standing of | | |
| laboratory professionals in Ontario: | | |
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| State involvement in the field of Continuing Education for Medical Laboratory Professionals. | | |
| Include courses/workshops planned or taught, supervised in preparation of either reading | | |
| assignment or technical report, etc. : | | |
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5. OTHER PROFESSIONAL ACTIVITIES

| Memberships in professional and lear | rned societies (include any | offices held, co | ommittee | | |
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| membership, dates, etc.): | | | | | |
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| Organization or participation at scien presented to): | tific meetings, courses, etc. | (include topic | and group | | |
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| 6. PERSONS ENDORSING THE NOMI | NATION | | | | |
| PROPOSED BY (Please Print): | | | | | |
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| Surname | Given name | Initial | Designation | | |
| Surname | Given name | mitiai | Designation | | |
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| Signature | | Place of Busir | ness | | |
| SECONDED BY (Please Print): | | | | | |
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| Surname | Given name | Initial | Designation | | |
| Samame | Given name | minai | zesignación | | |
| | | D/ 60 : | | | |
| Signature | | Place of Business | | | |

7. ADDITIONAL INFORMATION

| Use this space to provide any other relevant information or additional comments. | | | | |
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8. PLEASE EMAIL NOMINATION APPLICATION TO:

mlpao@mlpao.org

9. **DEADLINE FOR SUBMISSION:** Nomination form

must be received by April 30