

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 <u>mlpao@mlpao.org</u>. 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, Trillium gold ring 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 June 30 See next page for Nomination Form



Trillium Award Nomination Form

Is the nominee awar	e of this nomination?	YES NO	
MLPAO Membership	Number:		
1. PERSONAL D	ATA		
Nominee:			
	Surname	Given Name	Initial
Address: <i>Home</i>	Number &	Straat	Apt/Unit
Home	Number & Street		
	City/Town	Province	Postal Code
Telephone:			
	Home	Business	Cell
Employment His	story:		



2. EDUCATION DATA

Post-secondary (Institution, dates, degree(s) or diplomas received):

Post-graduate (Institution, dates, degree(s) received):

Academic or Professional/Scientific awards and distinctions:

3. PUBLICATIONS RECORD

Publications or original works (include only those published or in press):



Completed and unpublished material (include degree of completion):

4. DIRECT MLPAO INVOLVEMENT

List offices held, committee membership, dates, etc.:

List the ways nominee has attempted to improve the qualifications and standing of laboratory professionals in Ontario:

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. :



5. OTHER PROFESSIONAL ACTIVITIES

Memberships in professional and learned societies (include any offices held, committee membership, dates, etc.) :

Organization or participation at scientific meetings, courses, etc. (include topic and group presented to):

6. PERSONS ENDORSING THE NOMINATION

PROPOSED BY (Please Print):

Surname	Given name	Initial	Designation
Signature	Place of Business		
SECONDED BY (Please Print):			
Surname	Given name	Initial	Designation
Signature		Place of Business	



7. ADDITIONAL INFORMATION

Use this space to provide any other relevant information or additional comments.

8. PLEASE EMAIL NOMINATION APPLICATION TO:

mlpao@mlpao.org

9. DEADLINE FOR SUBMISSION:

Nomination form must be received by June 30