

Dear Fellow Respiratory Care Practitioner,

The NMSRC awards committee is requesting your nominations to recognize the very best among us. Provided below is a description of each award and the qualifying criteria required. (The life membership award and Diane Klepper outstanding medical practitioner award are not listed because nominations for those awards can only come from the NMSRC Board of Directors; if you feel you know of a candidate for either award please contact a current member of the board.)

Life Professional Contribution Award Criteria:

- Significant contribution to the Respiratory Care Profession in New Mexico in the areas of education, leadership and patient care
- Minimum of 10 years in the profession of Respiratory Care
- Adheres to the AARC Code of Ethics
- Current member of the AARC

Cheryl Dove Patient Advocate Award

- Consistently displays behavior that shows a high regard and compassion for their patients.
- Minimum of 5 years in the profession of Respiratory Care
- Adheres to the AARC code of ethics
- Current member of the AARC

Community Service Award Criteria:

- Minimum of 15 hours of community service during the previous year
- Adheres to the AARC Code of Ethics
- Current member of the AARC

DME Company/Individual Person Award Criteria:

- Quality of equipment and/or supplies
- Accessibility and helpfulness of sales personnel
- Responsiveness
- Service record
- Truth in advertising
- Support of the respiratory care profession
- 5 years of contribution to the NMSRC
- Sponsorship/education

Please take the time to nominate anyone you feel deserves a given award. You may make more than one nomination, just follow the same format as below. The awards will be presented at the annual awards banquet lunch at the August convention. Place the nomination in the return envelope along with the ballot envelope. **You may also nominate people for awards directly on-line using the submit form at <http://www.nmsrc.org/award.htm>**

Award _____

Name of Recipient _____

Recipient phone # _____

Your name and phone # _____

(We may need to contact you to get more information about your nominee.)

Send to:

NMSRC
PO BOX 35417 Station D
Albuquerque, NM 87176-5417