

APPLICATION FOR NSMA CMA (AAMA) OF THE YEAR AWARD

- 1. Name of nominee _____
 - 2. Address of nominee _____
 - 3. Employer _____
 - 4. Employer's address _____
 - 5. AAMA membership ID# _____
 - 6. Years nominee has been a member of AAMA: _____ Year Certified: _____
 - 7. List of offices/committees nominee has served on national and state level: _____

 - 8. Outstanding nominee contributions to the field of medical assisting: _____

 - 9. NSMA MEMBER ENDORSEMENT: _____
 - 10. DATE: _____
 - 11. NSMA AWARDS COMMITTEE CHAIR ENDORSEMENT: _____
 - 12. DATE: _____
-

(updated 1/8/2022)