

## **Criteria for the Jim Braidwood Outstanding Professional Award**

The Jim Braidwood Outstanding Professional Award is given to the MLT or MLA/T who is highly regarded by professional colleagues for improving work life and professional practice through his/her passion for shared learning and development.

The Jim Braidwood Outstanding Professional Award recipient:

1. Pursues avenues to engage, inform and educate peers for the benefit of individuals, the organization, and the profession.
2. Promotes and supports the sharing of new ideas and learning among colleagues.
3. Collaborates to solve problems and improve workplace practices and morale.
4. Is highly regarded and respected by his/her colleagues for attitudes and behaviours that support an evolving and optimistic work environment.
5. Must be a member of the MLPAO.

Candidates must be nominated by three laboratory professionals with whom the nominee works. A nomination form must be completed and should include enough supporting details to clearly illustrate how the nominee exemplifies each of the award criteria. Forms can be submitted by email to [mlpao@mlpao.org](mailto:mlpao@mlpao.org) no later than April 30<sup>th</sup>.

A framed certificate of recognition will be presented to the Jim Braidwood Outstanding Professional Award recipient at their place of work, if possible.

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



List the ways the nominee has promoted and supports the sharing of new ideas and learning among colleagues:

List the ways the nominee has collaborated to solve problems and improve workplace practices and morale:

List the nominee's attitudes and behaviours that support an evolving and optimistic work environment and how they are recognized and respected by their colleagues:



Medical Laboratory Professionals' Association of Ontario  
L'Association des professionnels des laboratoires médicaux de l'Ontario

**1. PERSONS ENDORSING THE NOMINATION (3 are required)**

First Nomination by (Please Print):

	_____	_____	_____
	<i>Surname</i>	<i>Given Name</i>	<i>Initial</i>
Employer & Position:	_____		
Address: <i>Home</i>	_____		_____
	<i>Number &amp; Street</i>	<i>Apt/Unit</i>	
	_____	_____	_____
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Telephone:	_____		
	<i>Home</i>	<i>Business</i>	<i>Cell</i>
Email:	_____		

Second Nomination by (Please Print):

	_____	_____	_____
	<i>Surname</i>	<i>Given Name</i>	<i>Initial</i>
Employer & Position:	_____		
Address: <i>Home</i>	_____		_____
	<i>Number &amp; Street</i>	<i>Apt/Unit</i>	
	_____	_____	_____
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Telephone:	_____		
	<i>Home</i>	<i>Business</i>	<i>Cell</i>
Email:	_____		

**MLPAO**  **APLMO**  
Medical Laboratory Professionals' Association of Ontario  
L'Association des professionnels des laboratoires médicaux de l'Ontario

Third Nomination by (Please Print):

	_____	_____	_____
	<i>Surname</i>	<i>Given Name</i>	<i>Initial</i>
Employer & Position:	_____		
Address: <i>Home</i>	_____		_____
	<i>Number &amp; Street</i>	<i>Apt/Unit</i>	
	_____	_____	_____
	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Telephone:	_____		
	<i>Home</i>	<i>Business</i>	<i>Cell</i>
Email:	_____		

**2. PLEASE EMAIL NOMINATION APPLICATION TO:**

[mlpao@mlpao.org](mailto:mlpao@mlpao.org)

**3. DEADLINE FOR SUBMISSION:** Nomination

form must be received by **April 30**