MLPAO APLMO
Medical Laboratory Professionals' Association of Ontario
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 MLPAO 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 February 28th
See next page for Nomination Form

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Trillium Award Nomination Form

Is the nominee aware of this nomination? YES ☐ NO ☐

MLPAO Membership Number: _____

1. PERSONAL DATA

Nominee: _____
Surname *Given Name* *Initial*

Address: _____
Home *Number & Street* *Apt/Unit*

_____
City/Town *Province* *Postal Code*

Telephone: _____
Home *Business* *Cell*

Employment History:

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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Completed and unpublished material (include degree of completion):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. :

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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*

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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 **February 28**