

## 2025 AWARD NOMINATION FORM

Please submit the Award Nomination Form to [nacm@yournacm.com](mailto:nacm@yournacm.com) no later than July 11, 2025. ***Nominees must be registered to attend the conference to be eligible for an award.***

### PERSON SUBMITTING NOMINATION:

Name:

Organization:

Contact Phone Number:

Email Address:

### NOMINEE:

Name of Individual:

Title:

Program (if applicable):

Organization (if applicable):

Contact Phone Number:

Email Address:

Is this person registered to attend the conference? ☐ Yes ☐ No

## Award Nomination

### CHOOSE THE CATEGORY FOR WHICH YOU ARE NOMINATING:

- ☐ Case Manager/Service Coordinator of the Year
- ☐ Peer Case Manager/Service Coordinator of the Year
- ☐ Case Manager/Service Coordinator Supervisor of the Year
- ☐ Case Management/Service Coordination Program/Organization of the Year
- ☐ Support (HR, Fiscal, Program Support, IT, Compliance, Training, Safety, etc.) of the Year
- ☐ Xcel Award
- ☐ Innovations in Case Management Practice

**NOMINATION APPLICATION:** Please attach a document that describes why are nominating this individual or organization.

**SIGNATURE:** I certify this application to be true to the best of my knowledge.

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Signature

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Date