

## APPLICATION FOR DR. J. G. DUFF APPRECIATION AWARD

---

Nominee's Name:

Nominee's Address:

Nominee's Email:

---

### **Nominator(s) Information** – *Only one nominator is required.*

We, \_\_\_\_\_ and \_\_\_\_\_, being active members of NS Branch CSHP, hereby nominate the individual named above as a candidate for the Dr. J. G. Duff Appreciation Award.

---

### **Candidate Contributions**

*Provide a description of the various contributions the candidate has made to the NS Branch CSHP through branch committee participation, chairmanship, continuing education programs or related projects.*

---

Signatures(s) - *Only one signature is required.*

---

Please return to an Awards Committee Chairperson ([Contact Information](#))  
by the due date (listed on NS CSHP Awards [Website](#))



www.cshp-ns.com