HONORS & AWARDS

POLICIES & PROCEDURES MANUAL

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# CSHA Honors and Awards Procedures and Policies

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I. PHILOSOPHY

It is the philosophy of the California Speech-Language-Hearing Association that among its members are individuals whose talents and contributions to the field of Communicative Sciences and Disorders are deserving of recognition by their peers.

The Honors of the Association, Distinguished Achievement, Fellow, and Diversity Awards are the highest honors that CSHA can bestow upon a CSHA member at the state level. All the awards require some outstanding contributions to CSHA plus outstanding contributions in other categories. The key word is OUTSTANDING, which means that one must be prominent or truly stand out among one's peers.

Contributions may encompass a wide variety of areas of professional service or they may be reflected in intense work in one particular category. Therefore, an awards system that reflects this difference has been developed to honor CSHA members who have shown outstanding dedication to their state professional association (CSHA) as well as noteworthy accomplishments in their field of practice.
II. AWARD DESCRIPTIONS

STATE LEVEL AWARDS

HONORS OF THE ASSOCIATION: This award represents the highest honor of the Association. This award recognizes outstanding service to CSHA (See page 16) in addition to outstanding contributions in three of the designated categories (See pages 13-15). The person receiving this award must be a current CSHA member and have been a CSHA member for 10 years.

DISTINGUISHED ACHIEVEMENT IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY: This award represents a high honor of the Association in the area of Distinguished Achievement. The award is presented for outstanding contributions by professionals to the Speech-Language Pathology and/or Audiology professions in three of the designated categories (See pages 13-15). The candidate must have made a national and/or international impact. The person receiving this award must be a current CSHA member and have been a CSHA member for 10 years. Additionally, this award honors participation in CSHA activities at the district or state level (See pg. 23).

FELLOW OF THE ASSOCIATION: This award recognizes contributions by professionals to the association and the profession in at least two of the designated categories (See pages 13-15). Additionally, the nominee must have participated in at least 6 or more activities of responsibility at the state or district level (CSHA) over a span of 6 or more years. Such activities might include: district advisory committee, assisting at a local or state conference, participation on a CSHA, local or state, etc. The person receiving this award must be a current CSHA member and have been a CSHA member for 5 or more years.

DIVERSITY AWARD: This award recognizes a single individual or organization for distinguished contributions in the area of professional education, research, and/or clinical service to diverse populations as evidenced by significant contributions and/or accomplishments in the field of communication sciences and disorders. The activities recognized must demonstrate a philosophy regarding cultural diversity and that philosophy must be communicated to clients, colleagues, students, administrators, agencies, referral sources, funding sources, and so forth. Additionally, the person or organization nominated for this award must have provided outstanding service to CSHA and in two additional designated categories (See pages 13-15). The person receiving this award must be a current CSHA member and have been a CSHA member for 5 or more years.
DISTINGUISHED CONSUMER: Honor is given by CSHA to a consumer of speech, language and/or audiology who has confronted and surmounted the many obstacles associated with speech/language and/or hearing problems. The criteria for this award follow in the Award Criteria and Application Packets section. The recipient of this award does not need to be a CSHA member.

PUBLIC SERVICE AWARD: This award recognizes individuals or organizations outside the CSHA association who have made outstanding contributions that exceed for-profit activities. The criteria for this award follow in the Award Criteria and Application Packets section. The recipient of this award does not need to be a CSHA member.

PROGRAM OF THE YEAR: Honor is given to a single outstanding speech/language and/or audiology (hearing) program that has met CSHA’s defined guidelines for exemplary performance (see Award Criteria and Application Packets section) for outstanding clinical service, innovative service delivery models, the coordination of related program services, the use of innovative techniques in the delivery of services, and/or research activities that benefit the field. The primary professional involved with this program must be a current CSHA member and have been one for three or more years.

DISTRICT LEVEL AWARDS

OUTSTANDING SERVICE (TO CSHA): This award provides recognition for contributions to CSHA plus outstanding service in one of the designated categories to members at the district level (See pages 13-15). The recipient of this award must be a current CSHA member and have been a CSHA member for three or more years.

OUTSTANDING ACHIEVEMENT: This award provides recognition for outstanding achievement in one of the designated categories to members at the district level (See pages 13-15). The recipient of this award must be a current CSHA member and have been a CSHA member for three or more years.

OUTSTANDING LEADERSHIP: This award provides recognition to a CSHA member for making a contribution to their settings, patients and/or community as a quiet leader in their community. The recipient of this award must be a current CSHA member.

OUTSTANDING SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA): This award provides recognition for outstanding clinical and professional work as a speech-language pathology assistant, as well as for the recipient’s service to CSHA. The recipient must be a
CSHA member and have been a CSHA member for three or more consecutive years (may include one year of student membership).

OUTSTANDING SLP, SLPA, AND/OR AUDIOLOGY STUDENT: This award provides recognition to a CSHA student member who is actively enrolled in a SLP, audiology, or SLPA program and who has demonstrated excellent academic work and a commitment to their discipline. The recipient(s) must be a current CSHA student member.

STUDENT LEGISLATIVE ADVOCACY COMMENDATION: Recognition is provided to an undergraduate or graduate student who has provided at least 5 hours of service to CSHA in a legislative activity. The nominee must have a district sponsor for all activities and must be a student member of CSHA.

NATIONAL LEVEL AWARDS

LOUIS M. DICARLO AWARD (ASHF): This is an American Speech-Language-Hearing Foundation (ASHF) Award. The California recipient of this award is submitted to ASHF as a nominee for the national award that recognizes an individual for recent contributions that have advanced knowledge in clinical practice.

FRANK R. KLEFFNER CLINICAL CAREER AWARD (ASHF): This honor is awarded to an individual in recognition of outstanding contributions to clinical science and practice in communication science and disorders over a twenty year or longer period.

ROLLAND J. VAN HATTUM AWARD FOR SCHOOLS-RELATED PROFESSIONALS (ASHF): This honor is awarded to an individual who has demonstrated outstanding commitment and specific contribution to the delivery of audiology or speech-language pathology services in a school setting.

NANCY MCKINLEY AWARD (CSAP): This award recognizes a member of a speech-language and hearing association for his or her exemplary contributions to their speech and hearing association (SHA). This individual should have demonstrated selfless dedication and commitment to the development of an initiative or program designed to promote the work of the SHA or professionals in the field of communication sciences and disorders.
California Speech-Language-Hearing Association offers scholarship awards of $1000.00 to selected CSHA Student Members in California Speech-Language-Hearing Association who will be attending an advanced degree program for speech-language pathology, communication sciences and disorders, communicative disorders, or audiology in the State of California.
III. NOMINATION GUIDELINES & PROCEDURES

DISTRICT NOMINATING AND HONORS COMMITTEE RESPONSIBILITIES:

1. The nominations procedures are the responsibility of the district director-elect as chair of the district nominating committee in consultation with the district director and the district nominating committee. The individual district nominating committee is responsible for:
   a. Solicit nominees for all awards for their district from the district membership.
   b. Check the CSHA records to be sure that all nominees (where appropriate) are current CSHA members.
   c. Gather the required documentation for each candidate proposed for an award.
   d. Decide whom will be the district award recipients.
   e. Decide whom the committee will nominate from their district for any state or national level awards.
   f. Review the student scholarship award applications to verify that all required information is present.
   g. Prepare individual award nominee packets and graduate student scholarship packets, and forward them via email to the CSHA Honors Committee and the President-Elect.
   h. Forward the recipient names for all district awards and the name of the award to the CSHA office and the President-Elect.
   i. Nominations that do not qualify for submission to the CSHA Honors Committee should receive written recognition by the district director-elect in the form of a thank you notification to the individual nominee.

2. The CSHA Honors Committee is responsible for:
   a. Making final decisions on state level award recipients and student scholarship recipients.
   b. Deciding on an appropriate name(s) to submit for any of the national awards.
   c. Inform the nominees of state level awards that they have been selected to receive the award at the next spring CSHA convention.
   d. Inform nominees for state level awards that they were not selected to receive the award for which they were nominated.

GENERAL GUIDELINES:

1. Any district CSHA member may submit to the district nominating committee the name of another district CSHA member for any of the state, district, or national level awards. The district nominating committee will consider all individual nominations.

2. Individuals currently serving on the CSHA Board of Directors or Standing Committees in any elected or appointed capacity are not eligible to be nominated for awards until their term of office or committee tenure ends.
3. All nomination packets for state and national awards, as well as for graduate student scholarship awards should be emailed individually as pdf files to the Chair of the Honors Committee, the Honors Committee members, and the President-Elect no later than September 25th. Procedures for making pdf files follow:
   a. Download and print one hard copy of each nomination packet for yourself (the Director-Elect and/or the Nominating Committee designee).
   b. Scan each packet separately, saving each packet as one pdf document. If necessary, email it to yourself. You could have a copy center do this for you and email each, as well.
   c. Finally, email this packet/pdf file to the people mentioned above and using the naming convention in #4 and 5.

4. Each packet/pdf file should be labeled/titled: District #, Award name, Nominee name (e.g., District2, Dist Achieve, Miller).

5. Each email should contain in the subject line/box and identical label as identified in #3, above.
TIMELINE and DUE DATES

JANUARY

If you have nominated someone for the CSAP Nancy McKinley Leadership award, it is submitted to CSAP, usually around February 1st of each year. Applications are available online at www.csap.org.

FEBRUARY

A call for nominations to members is published in the CSHA Magazine. Emails calling for nominations are sent to CSHA members from the CSHA office.

Individual Director-Elects may send an email to their district CSHA members to solicit nominations for the state, district and national level awards.

APRIL

The Director-Elect notifies the District Nominating Committee of the date of the meeting. The Director-Elect sends committee members a letter outlining the awards and nominations (vita) forms. The District Nominating Committee meets to discuss candidates for the following state level awards

- Honors of the Association
- Distinguished Achievement
- Fellow of the Association
- Diversity Award
- Distinguished Consumer
- Public Service
- Program of the Year

The following district level awards:

- Outstanding Service
- Outstanding Achievement
- Outstanding Leadership
- Outstanding SLPA
- Outstanding Student(s)
- Student Legislative Advocacy Commendation
- Graduate Student Scholarship
The following national level awards:

- Louis M. DiCarlo Award
- Frank B. Kleffner Clinical Career Award
- Rolland J. Van Hattum Award for Schools-Related Professionals
- Nancy McKinley Award

If you have nominated someone for the Rolland J. Van Hattum for Schools-Related Professionals award, it is submitted to ASHF, usually around April 1st of each year. Applications are usually available from ASHF around January.

**MAY**

After all nominations for awards have been received, the candidates are sent a letter with a request for the required information to be mailed or emailed to the Director-Elect or appointed Nominating Committee member. The return date for required information should be somewhere near mid-to late-June.

SLP/Audiology Program Directors should be notified by the Director-Elect that CSHA is now receiving applications for graduate student scholarships. Additionally, application rules and forms should be attached to this letter. The individual university programs may inform their graduate students of this process as they see fit. A deadline for receipt of the emailed pdf packets should be received from the student applicants no later than July 31st.

If you have nominated someone for the Frank R. Kleffner Clinical Career Award, you should know that the applications are most usually submitted directly to ASHF, usually around May 1st of each year. Applications are usually available from ASHF around January.

**JUNE-JULY-AUGUST**

The District-Elect and the District Nominating Committee begin receiving/collecting the required information from all nominees, their supporters, and applicants.

The District Nominating Committee meets again to evaluate the nominee packets in terms of completeness and appropriateness of the nomination. District award winners are identified at this time. State level and national level award nominees may be identified as well. Graduate student scholarships are also evaluated for completeness.

If any required information remains missing, the Director-Elect and/or the Nominating Committee may elect to pursue that information from the nominee, at the Committee’s discretion.

Once the district level award recipients have been identified, the Director-Elect should send recipient and/or regrets letters to all nominees. Graduate Student Scholarship applications are due in full to the Director-Elect by July 31st.
AUGUST-SEPTEMBER

The Director-Elect prepares the final packet(s) and writes summary nomination letters. The Director-Elect emails the individual nominee packets for state and national awards to the Chair of the Honors Committee, the Honors Committee members, and to the President-Elect, following the general guidelines outlined in the previous section on page 8-9 no later than September 25th.

Email the names of the District level recipients and the names of their awards to Barbra O’Hara at the CSHA Office, to the Commissioner on Association Services, and to the President-Elect no later than September 25th.

The final date for submitting nomination packets to the chair is September 25th (Unless the 25th falls on a weekend, in which case the final date would be the following Monday).

OCTOBER-NOVEMBER-DECEMBER

The Honors Committee meets to discuss nominees and votes on selection of the final award recipients. A list of all candidates indicating winners is forwarded from the Honors Committee Chair to the CSHA office.

The Director-Elects are notified by the President Elect about who has been selected for the state and national level awards.

Recipient and regret letters are sent to all nominees for state and national level awards from the CSHA office.

JANUARY

Award recipients are announced by the President-Elect to the Board.
IV. AWARD CRITERIA AND APPLICATION PACKETS

GENERAL CRITERIA:

Individuals currently serving on the CSHA Board of Directors or Standing Committees in any elected or appointed capacity are not eligible to be nominated for awards until their term of office or committee tenure ends.

Any CSHA member may nominate another CSHA member for an award by sending their nomination to either the District Director, the District Director-Elect, or one of the District Nominating Committee members. The nominating committee will request and gather all indicated documentation and support necessary for each nomination. The district nominating committee will then select the nominee to forward to the state CSHA Honor’s Committee for consideration for each state level award for which someone has been nominated and, at the district level, will select the awardees for district level awards.

DESIGNATED CATEGORY DESCRIPTIONS:

1. CONTRIBUTIONS TO CSHA

Examples of Outstanding Contributions to CSHA would include: Service is defined as activities such as:
   a. being a member of the CSHA Board as an officer, director or commissioner, etc.;
   b. state conference committee or subcommittee chairmanship;
   c. newsletter editor;
   d. chair of special interest group;
   e. ad hoc committee and task force membership and/or chairmanship;
   f. service to the district including district advisory and/or nominating committee, district meetings and conference committees, district legislative network activities, May is Better Hearing and Speech month, etc.

(Note: Regular attendance at CSHA Conference and/or presentation of papers at these meetings, one or two of the above alone may not be construed to be sufficient evidence of outstanding contributions by themselves).

See individual awards descriptions and criteria that follow this section for specific details on definitions of Contribution to CSHA.

2. CLINICAL SERVICE: (may include supervision and mentoring activities.)

Documentation should be in the form of factual information, which verifies the quality, and extent of outstanding clinical service. Examples of outstanding clinical service might include:
   a. the development of new or more effective service-delivery models;
b. the organization of methods for disseminating clinical information;
c. the amount and quality of direct client/patient care provided;
d. The amount and quality of supervision of others providing direct client/patient services;
e. development of new or improved diagnostic procedures;
f. organization of parent groups or professional structures to effect better service to the communicatively handicapped, etc.

(Neither an occasional letter of appreciation from clients and/or parents nor routine performance of high-quality professional services is sufficient, in itself, as documentation of outstanding clinical service.)

3. **TEACHING IN COMMUNICATION AND SCIENCE DISORDERS AND/OR RELATED AREAS:** (may include clinical supervision)

Evidence of outstanding contributions in this designated category may include:
   a. the number and quality of new courses developed by the nominee;
   b. amount and quality of contributions to continuing education (workshops, lectures, symposia, short courses, seminars);
   c. development of innovative instructional methods and/or materials;
   d. nominations for or receipt of awards pertaining to the education and/or training of students or professionals;
   e. the number and nature of invited lectures, and other educationally related endeavors that may not be defined in the section.

(Teaching at a community college, college or university, by itself, does not constitute outstanding teaching.)

4. **RESEARCH AND PUBLICATION:**

Evidence of excellence in this designated category should include a listing of publications, such as:
   a. articles in national or international refereed journals;
   b. articles in non-refereed or local, state or regional publications;
   c. books (indicated author or editor);
   d. chapters, essays, technical reports, etc.;
   e. research grants and projects awarded.

(Unpublished reports and other research efforts of limited scope, distribution, or availability to the profession are not considered sufficient evidence of outstanding contributions in research and publication.)
5. **ADMINISTRATIVE SERVICE:**

Evidence of contributions in this designated category may include:

a. administrative titles held by the nominee (head, chief, chair, director, etc.);

b. programs or units administered (academic department, clinic, research program, etc.);

c. nature of institutions in which nominee served as administrator (college, university, hospital, public/private school, etc.);

d. time period spent in administrative roles;

e. size and scope of programs administered (number of clinicians, faculty, students, patients/clients, etc.).

Quality of administrative activity should be evidenced by information pertaining to broad planning and administration of programs which have impact on the quality of service, or the image of the profession: development and administration of innovative programs; growth of programs administered.

(It is not considered sufficient for the nominee to have been only an effective administrator of a clinical facility, university training program, etc., because high quality of performance is expected in such roles.)

6. **SERVICES TO RELATED ASSOCIATIONS:**

Examples of this designated category may include:

a. ASHA committees: Task forces, etc.; Legislative Council, executive Board;

b. service to other state and national professional organizations including offices held, such as committee, council, board, task force, etc. membership and chairmanships;

c. editorial roles for publications;

d. review panels for funding agencies;

e. Membership/chairmanships of state or national advisory or professional boards, participation on licensing boards, etc., are examples of outstanding contributions to related associations.

(Regular attendance at ASHA Conferences and/or presentation of papers at these meetings are not construed to be sufficient evidence of outstanding contributions by themselves.)
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
STATE LEVEL AWARDS PROGRAM

Honors of the Association

Number of Awards: One per year

Eligibility: CSHA membership 10 years, active ten (10) years in the profession. Participation in 8 or more activities of responsibility at the district or state level awards.

Criteria for Award:
1. Outstanding Contributions to CSHA, defined as (also see page 14):
   a. Participation in at least eight or more activities of responsibility at the district or state level during which time the nominee has demonstrated outstanding and/or exemplary performance or contributions;
   b. Service to CSHA has spanned over a minimum of a ten-year period of time;
   c. Service to CSHA must be more than simply attending conferences or meetings but involves active participation in the volunteer structure;
   d. Attending regular meetings as a Board or Advisory Committee member, or any other committee and just fulfilling the stated duties may not be construed to be sufficient to be outstanding service. The individual must distinguish themselves in a notable manner.
2. Excellence in any Three (3) of the following designated categories (See pages 14-16 for descriptions):
   a. Clinical Service in Communicative Science and Disorders and/or Audiology
   b. Teaching in Communicative Science and Disorders and/or Related Areas
   c. Research & Publication in Communicative Science and Disorders and/or Audiology
   d. Administrative Service in Communicative Science and Disorders and/or Audiology
   e. Service to Related Associations

Nominating Procedures:
1. Initiated by district nominating committee or individual member;
2. Nominator must complete Honors Nomination Form, and submit summary letter describing nominee's outstanding service to CSHA plus service in three (3) other designated areas (see above);
3. Three (3) letters of support, one (1) or more of which must be submitted by present or former CSHA Board members or CSHA Fellows;
4. Current copy of nominee's curriculum vitae;
5. Completed Vita Information Worksheet.

**Deadline:** Email complete packet (see previous discussion) to the Chair, Honors Committee, members of the Honors Committee, and the President-Elect no later than **SEPTEMBER 25th**. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

**Decision:**
1. The CSHA Honors Committee meets and, using a written ballot, votes on the selection of final award recipients. A majority vote is required for approval.

2. President-Elect announces the award recipients to the Board.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and to the field of Communicative Disorders. Your name has been submitted by your colleagues for consideration for **Honors of the Association** that requires Outstanding Contributions to CSHA and outstanding contributions in **three or more** of the following designated categories:

- Clinical Service
- Teaching in Communicative Sciences & Disorders and/or Related Areas
- Research and Publication
- Administrative Service
- Service to Related Organizations

Letters of support are required for consideration of this award. Could you please be thinking of names of individuals you feel would be willing to write a letter on your behalf? These individuals need to be familiar with your accomplishments and it is often helpful if you provide them with a copy of your vita. I will be calling you in two or three weeks to obtain this information.

In order that the nominations' committee may have sufficient information concerning your professional activities, would you please complete the enclosed Vita Information Worksheet and send it to me along with a copy of your current vita, at the address shown below. Please send all documentation to reach me no later than June 25th.

Thank you for assisting us in this nomination process.

Sincerely,

**Director-Elect, District ____, Chair, District Nominating Committee**

Email: __________________________ Phone: ( ) __________________________

**Director, District ____**; Email: __________________________ Phone: ( ) __________

Encls.
Candidate Name: ______________________________ Date: ______________

Address: __________________________________________________________________________

Telephone: __________________ Fax: _____________________________________________

E-Mail: ____________________________

Submitted by: ________________________________ CSHA District #____

Address: __________________________________________________________________________

Telephone: __________________ E-Mail ____________________________

Candidate has:
10 Years Membership in CSHA: Yes ____ No ____
10 Years Active in Profession: Yes ____ No ____

The above named individual has demonstrated Outstanding Contribution to CSHA (see page 17) and in the three (3) designated categories indicated below (select the three (3) most outstanding categories):

1. Clinical Service in Communicative Science and Disorders and/or Audiology
2. Teaching in Communicative Science and Disorders and/or Related Areas
3. Research & Publication in Communicative Science and Disorders and/or Audiology
4. Administrative Service in Communicative Science and Disorders and/or in Audiology
5. Service to Related Associations

Letters of Support From:
1. ______________________________________
2. ______________________________________
3. ______________________________________

Signature of Nominator: ________________________________

Signature of District Director: ________________________________

Date of Nomination: ______________________________________
Note: Nomination for Honors of the Association requires in addition to this form, a current copy of the nominee's curriculum vitae, the Vita Information Worksheet, a summary letter from the nominator describing the nominee's Outstanding Contributions to CSHA and in the three (3) designated categories indicated above, and three (3) additional letters of support, one (1) or more of which must be from a present or former CSHA Board member or CSHA Fellow. The nomination packet must be emailed to the Honors Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

HONORS OF THE ASSOCIATION

DIRECTOR-ELECT CHECKLIST
(for district use only)

_______ Honors Nomination Form (Completed by Director-Elect)

_______ Letter of Support from Director-Elect summarizing service to CSHA and outstanding contributions in each of the three categories.

_______ Current Copy of the Nominee's Curriculum Vita

_______ Completed Vita Information Worksheet

_______ Three Letters of Support from:

1. ____________________________

2. ____________________________

3. ____________________________

NOTE: At least (one) 1 letter must be from a present or former CSHA Board Member or CSHA Fellow. Each letter should include supporting information appropriate to each of the categories selected.

_______ Complete packets emailed to the Chair, Honors Committee, the complete Honors Committee, and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
Distinguished Achievement in Speech-Language Pathology and/or Audiology

Number of Awards: One per year

Eligibility: Current CSHA membership. The nominee must have made a national and/or international impact in their field.

Criteria for Award:

1. **Excellence in any Three (3) of the following designated categories**: (See pages 14-16):
   a. Clinical Service in Communicative Sciences and Disorders and/or in Audiology
   b. Teaching in Communicative Sciences and Disorders and/or in Audiology
   c. Research & Publication in Communicative Sciences and Disorders and/or in Audiology
   d. Administrative Service in Communicative Sciences and Disorders and/or in Audiology
   e. Service to Related Associations.

2. **Service to CSHA defined as**: Participation in activities at the district or state level (e.g., district advisory committee, assisting at a local or state conference, participation on a CSHA local or state committee, assisting with a position paper, presenting as an invited speaker, etc.) over a minimum span of 10 years.

Nominating Procedures:

1. Initiated by district nominating committee;
2. Nominator must complete Distinguished Achievement in Speech-Language Pathology and/or Audiology Nomination Form, and submit summary letter describing nominee's service to CSHA plus service in three (3) other designated areas (see above);
3. Three (3) letters of support, one (1) or more of which must be submitted by present or former CSHA Board members or CSHA Fellows;
4. Current copy of nominee's curriculum vitae;
5. Completed Vita Information Worksheet.

Deadline: Email complete packet (see previous discussion) to the Chair, Honors Committee, members of the Honors Committee, and the President-Elect no later than SEPTEMBER 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
**Decision:**

1. The CSHA Honors Committee meets and, using a written ballot, votes on the selection of final award recipients. A majority vote is required for approval.

2. President-Elect announces the award recipients to the Board.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and to the field of Communicative Disorders. Your name has been submitted by your colleagues for consideration for Distinguished Achievement in Speech-Language Pathology and/or Audiology that requires contribution to CSHA and outstanding contributions in three or more of the following designated categories:

* Clinical Service
* Teaching in Communicative Sciences & Disorders and/or Related Areas
* Research and Publication
* Administrative Service
* Service to Related Organizations

This award also requires state and national and/or international impact in the nominee’s chosen field.

Letters of support are required for consideration of this award. Could you please be thinking of names of individuals you feel would be willing to write a letter on your behalf? These individuals need to be familiar with your accomplishments and it is often helpful if you provide them with a copy of your vita. I will be calling you in two or three weeks to obtain this information.

In order that the nominations' committee may have sufficient information concerning your professional activities, would you please complete the enclosed Vita Information Worksheet and send it to me along with a copy of your current vita, at the address shown below. Please send all documentation to reach me no later than June 25th.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District __, Chair, District Nominating Committee
Email: _______________________________ Phone: (    ) ____________________________

Director, District __; Email: ______________________________ Phone: (    ) ______________
Encls.
CALIFORNIA SPEECH LANGUAGE-HEARING ASSOCIATION

DISTINGUISHED ACHIEVEMENT IN SPEECH-LANGUAGE PATHOLOGY
AND/OR AUDIOLOGY

NOMINATION FORM
(To Be Completed by Director-Elect)

Candidate Name: ______________________________________  Date: _________________

Address: ___________________________________________________________________

Telephone: ____________________________ Fax: ________________________________

E-Mail: ___________________________________________

Submitted by: _____________________________________________ CSHA District #_____

Address: ___________________________________________________________________

Telephone: ____________________________ E-Mail _______________________________

Candidate has:
10 years Membership in CSHA  Yes______ No______
10 years Active in the Profession  Yes______ No______

The above names individual has demonstrated some service to CSHA and Outstanding Contributions at the state and national/international level in three (3) of the following designated categories (select the 3 most outstanding categories):

_____ 1. Clinical Service in Communicative Science and Disorders
_____ 2. Teaching in Communicative Science and Disorders and/or Related Areas
_____ 3. Research & Publication in Communicative Science and Disorders
_____ 4. Administrative Service in Communicative Science and Disorders
_____ 5. Service to Related Associations

Letters of Support From:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Signature of Nominator: ____________________________________________
Signature of District Director: _______________________________________
Date of Nomination: ____________________________________________

Note: Nomination for Distinguished Achievement in Speech-Language Pathology and/or Audiology requires, in addition to this form, a current copy of the nominee’s curriculum vita, the Vita Information Worksheet, a summary letter from the nominator describing the nominee’s national and/or international
contributions, and outstanding contributions in the 3 categories indicated above, and 3 additional letters of support, one or more of which must be from a present or former CSHA Board member or CSHA Fellow. The nomination packet must be emailed to the Honors Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

DISTINGUISHED ACHIEVEMENT IN SPEECH-LANGUAGE PATHOLOGY AND/OR AUDIOLOGY

DIRECTOR-ELECT CHECKLIST
(district use only)

_____ Distinguished Achievement in Speech-Language Pathology and/or Audiology Nomination Form (Completed by Director-Elect)

_____ Letter of Support from Director-Elect summarizing service to CSHA, outstanding contributions in 3 designated categories, and national and/or international impact on the field.

_____ Current Copy of the Nominee's Curriculum Vita

_____ Completed Vita Information Worksheet

_____ Three Letters of Support from:

1.________________________________________

2.________________________________________

3.________________________________________

_____ Complete packets emailed to the Honors Committee and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
Number of Awards: One per district per year

Eligibility: Nominee must:
1. Have been a CSHA member for 5 years and be a current CSHA member
2. Have participated in 6 or more activities of responsibility at the state or district (CSHA) level over a period of 6 or more years

Criteria for Award: Outstanding contributions to CSHA plus two (2) of the following designated categories (See pages 14-16):
1. Designated Categories:
   a. Clinical Service in Communicative Science and Disorders and/or Audiology
   b. Teaching in Communicative Science and Disorders and/or Related Areas
   c. Research & Publication in Communicative Science and Disorders and/or Audiology
   d. Administrative Service in Communicative Science and Disorders and/or Audiology
   e. Service to Related Associations
2. Service to CSHA is defined as (see also page 14): Participation in at least 6 or more activities of responsibility at the district or state level (e.g.: district advisory committee, assisting at a local or state conference, participation on a CSHA committee, state or local, etc.) during which time the nominee has demonstrated outstanding and/or exemplary performance or contributions. Contributions spanned over a minimum of 6 years.

Nominating Procedures:

1. Initiated by direct nominating committee.
2. Nominator must complete Fellow Nomination Form, and submit summary letter describing nominee's outstanding service to CSHA plus service in two (2) other areas. (See note below)
3. Two (2) additional letters of support, one (1) or more must from a present or former CSHA Board member or CSHA Fellow.
5. Completed Vita Information Worksheet.

Deadline: Email complete packet (see previous discussion) to the Chair, Honors Committee, members of the Honors Committee, and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and to the field of Communicative Disorders and/or Audiology. Your name has been submitted by your colleagues for consideration for Fellow of the Association, which requires contribution to CSHA and outstanding contributions in two or more of the following designated categories:

*Clinical Service  
*Teaching in Communicative Sciences & Disorders and/or Related Areas  
*Research and Publication  
*Administrative Service  
*Service to Related Organizations

Letters of support are required for consideration of this award. Could you please be thinking of names of individuals you feel would be willing to write a letter on your behalf? These individuals need to be familiar with your accomplishments and it is often helpful if you provide them with a copy of your vita. I will be calling you in two or three weeks to obtain this information.

In order that the nominations' committee may have sufficient information concerning your professional activities, would you please complete the enclosed Vita Information Worksheet and send it to me along with a copy of your current vita, at the address shown below. Please send all documentation to reach me no later than June 25th.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ___, Chair, District Nominating Committee  
Email: ______________________________ Phone: (    )__________________________

Director, District ___; Email: ______________________________ Phone: (    )_____________

Encls.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

FELLOW NOMINATION FORM
(To Be Completed by Director-Elect)

Candidate Name: ______________________________________  Date: _________________

Address: ______________________________________________________________________

Telephone: ____________________________ Fax: ________________________________

E-Mail: _____________________________________________

Submitted by: _____________________________________________ CSHA District #____

Address: ______________________________________________________________________

Telephone: ______________________________  E-Mail ______________________________

Candidate has:
5 years Membership in CSHA Yes______ No______
5 years Active in the Profession Yes______ No______
Participated in 6 or more activities of responsibility at the state or district (CSHA) level over a period of 6 or more years Yes______ No______

The above names individual has demonstrated Outstanding service to CSHA and Outstanding Contributions in two (2) of the following designated categories (select the 2 most outstanding categories):

_____ 1. Clinical Service in Communicative Science and Disorders and/or Audiology
_____ 2. Teaching in Communicative Science and Disorders and/or Related Areas
_____ 3. Research & Publication in Communicative Science and Disorders and/or Audiology
_____ 4. Administrative Service in Communicative Science and Disorders and/or Audiology
_____ 5. Service to Related Associations

Letters of Support From: 1._______________________________________
                        2._______________________________________

Signature of Nominator: ____________________________________________
Signature of District Director:______________________________________
Date of Nomination: ______________________________________________

Note: Nomination for Fellow of the Association requires, in addition to this form, a current copy of the nominee’s curriculum vita, the Vita Information Worksheet, a summary letter from the nominator describing the outstanding contributions to CSHA, and in the 2 designated categories indicated above,
and two (2) additional letters of support, one (1) or more of which must be from a present or former CSHA Board member or CSHA Fellow. The nomination packet must be emailed to the Honors Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

FELLOW OF THE ASSOCIATION

DIRECTOR-ELECT CHECKLIST
(for district use only)

_____ Fellow Nomination Form (Completed by Director-Elect)

_____ Letter of Support from Director-Elect summarizing service to CSHA and outstanding contributions in each of the two designated categories.

_____ Current Copy of the Nominee's Curriculum Vita

_____ Completed Vita Information Worksheet

_____ Two (2) Letters of Support from:

1. ________________________________

2. ________________________________

At least (one) 1 letter must be from a present or former CSHA Board Member or CSHA Fellow. Each letter should include supporting information appropriate to each of the categories selected.

_____ Complete packets emailed to the Honors Committee and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
Diversity Award

Number of Awards: One individual or organization per year

Eligibility: CSHA membership 5 years, active five (5) years in the profession. The individual or organization being nominated must have demonstrated distinguished contributions in the area of professional education, research, and/or clinical service to diverse populations as evidenced by significant contributions and/or accomplishments in speech-language pathology and/or audiology and hearing, language, or speech science.

Criteria for Award: Outstanding contributions to CSHA (see page 14) plus two (2) of the following designated categories (See pages 14-16):

1. Clinical Service in Communicative Science and Disorders and/or Audiology
2. Teaching in Communicative Science and Disorders and/or Related Areas
3. Research & Publication in Communicative Science and Disorders and/or Audiology
4. Administrative Service in Communicative Science and Disorders and/or Audiology
5. Service to Related Associations

Nominating Procedures:

1. Initiated by direct nominating committee.
2. Nominator must complete Fellow Nomination Form, and submit summary letter describing nominee's outstanding service to CSHA plus service in two (2) other areas. (See note below)
3. Two (2) additional letters of support, one (1) or more must from a present or former CSHA Board member, CSHA Fellow, recipient of the Honors of the Association, or recipient of the Diversity Award.
5. Completed Vita Information Worksheet.

Deadline: Email complete packet (see previous discussion) to the Chair, Honors Committee, members of the Honors Committee, and the President-Elect no later than SEPTEMBER 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and to the field of Communicative Disorders and/or Audiology. Your name has been submitted by your colleagues for consideration for Diversity Award, which requires contribution to CSHA and outstanding contributions in two or more of the following designated categories:

* Clinical Service
* Teaching in Communicative Sciences & Disorders and/or Related Areas
* Research and Publication
* Administrative Service
* Service to Related Organizations

Letters of support are required for consideration of this award. Could you please be thinking of names of individuals you feel would be willing to write a letter on your behalf? These individuals need to be familiar with your accomplishments and it is often helpful if you provide them with a copy of your vita. I will be calling you in two or three weeks to obtain this information.

In order that the nominations' committee may have sufficient information concerning your professional activities, would you please complete the enclosed Vita Information Worksheet and send it to me along with a copy of your current vita, at the address shown below. Please send all documentation to reach me no later than June 25th.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ___, Chair, District Nominating Committee
Email: ___________________________ Phone: (    )________________________

Director, District ___; Email: __________________________ Phone: (    )___________
Encls.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

DIVERSITY AWARD NOMINATION FORM
(To Be Completed by Director-Elect)

Candidate Name: ______________________________________  Date: _________________
Address: _______________________________________________________________________
Telephone: ____________________________ Fax: ________________________________
E-Mail: ____________________________________________
Submitted by: _________________________________ ________________ CSHA District #_____
Address: _______________________________________________________________________
Telephone: ______________________________  E-Mail ______________________________

Candidate has:
5 years Membership in CSHA Yes______ No______
5 years Active in the Profession Yes______ No______

The above names individual has demonstrated Outstanding service to CSHA and Outstanding
Contributions in two (2) of the following designated categories (select the 2 most outstanding
categories):

_____ 1. Clinical Service in Communicative Science and Disorders and/or Audiology
_____ 2. Teaching in Communicative Science and Disorders and/or Related Areas
_____ 3. Research & Publication in Communicative Science and Disorders and/or Audiology
_____ 4. Administrative Service in Communicative Science and Disorders and/or Audiology
_____ 5. Service to Related Associations

Letters of Support From:
1. ______________________________________________________
2. ______________________________________________________

Signature of Nominator: _____________________________________________
Signature of District Director: _________________________________________
Date of Nomination: _________________________________________________

Note: Nomination for Fellow of the Association requires, in addition to this form, a current copy of the
nominee’s curriculum vita, the Vita Information Worksheet, a summary letter from the nominator
descrribing the outstanding contributions to CSHA, and in the 2 designated categories indicated above,
and two (2) additional letters of support, one (1) or more of which must be from a present or former
CSHA Board member or CSHA Fellow. The nomination packet must be emailed to the Honors
Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED
AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

DIVERSITY AWARD

DIRECTOR-ELECT CHECKLIST
(for district use only)

_____ Fellow Nomination Form (Completed by Director-Elect)

_____ Letter of Support from Director-Elect summarizing service to CSHA and outstanding contributions in each of the two designated categories.

_____ Current Copy of the Nominee's Curriculum Vita

_____ Completed Vita Information Worksheet

_____ Two (2) Letters of Support from:

1. __________________________________________

2. __________________________________________

At least (one) 1 letter must be from a present or former CSHA Board Member, CSHA Fellow, recipient of the Honors of the Association, or recipient of the Diversity Award. Each letter should include supporting information appropriate to each of the categories selected.

_____ Complete packets emailed to the Honors Committee and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
AWARDS PROGRAM

Distinguished Consumer Award

Number of Awards: As many as one child and one adult award per year

Eligibility:

1. Primary residence in California.

2. Has/had a significant communication problem that necessitates/necessitated the services of a speech-language-hearing professional.

   OR

   Has the responsibility for a family member (a minor or dependent adult) with a significant communication problem that necessitates/necessitated the cooperative efforts of both the speech-language-hearing professional and the consumer.

3. Is not required to be a member of CSHA.

Criteria for Award:

1. Consumer (self or family member) has achieved a remarkable improvement in communication skills as a result of the combined efforts of the consumer and the professional.

2. Consumer has participated in activities that inform the public about the nature of his/her communication impairment and the remediation available.

3. Consumer demonstrates the qualities of strength and perseverance, and projects an attitude toward resolving his communication problem that can serve to inspire the public, encourage others with a similar impairment, and enhance the feeling of self-worth for each communicatively handicapped individual.

Nominating Procedure:

1. Initiated by District Nominating Committee (may accept nominations from members). Call for nomination in February Newsletter.

2. Letter of Nomination describing the consumer and his/her achievements, with supporting documentation, should be submitted by email to the Chair, Honors Committee, the complete Honors Committee, and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and to the field of Communicative Disorders and/or Audiology. Your name has been submitted by your colleagues for consideration for **Distinguished Consumer Award**, which requires that you have achieved a remarkable improvement in your communication skills as a result of the combined efforts of yourself and your professional, that you have participated in activities that inform the public about the nature of your communication impairment and the remediation available, and that you have demonstrated the qualities of strength and perseverance, and project an attitude toward resolving your communication problem that can serve to inspire the public, encourage others with a similar impairment, and enhance the feeling of self-worth for each communicatively handicapped individual

Letters of support are required from your speech-language pathologist and/or audiologist. Could you please be thinking of names of individuals you feel would be willing to write a letter on your behalf? These individuals need to be familiar with your accomplishments. I will be calling you in two or three weeks to obtain this information.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ____, Chair, District Nominating Committee
Email: __________________________ Phone: ( ) ________________________________

Director, District ____; Email: __________________________ Phone: ( ) ________________________________

Encls.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

DISTINGUISHED CONSUMER AWARD NOMINATION FORM
(To Be Completed by Nominator)

Name of Candidate: ___________________________ Date: ___________

Address: ___________________________

Telephone: __________________ Fax __________________

Submitted by: ___________________________ CSHA District #: ______

Address: ___________________________

Telephone: __________________ Fax __________________

Candidate's Primary Residence is California: Yes ______

The above named individual has demonstrated distinction in the following three (3) areas:
1. Has achieved a remarkable improvement in communication skills as a result of the combined efforts of the consumer and the professional.
2. Has participated in activities that inform the public about the nature of his/her communication impairment and the remediation available.
3. Has demonstrated the qualities of strength and perseverance and is an inspiration to the public and professionals.

Supporting Documentation (may include letters from SLP or Audiologist or other individuals aware of the nominee’s accomplishments)

1. ___________________________
2. ___________________________
3. ___________________________

Signature of Nominator: ___________________________

Email: ___________________________

Signature of District Director: ___________________________

Date of Nomination: ___________________________

Note: Nomination for Distinguished Consumer Award requires a letter of nomination with supporting documentation. Email to the Chair, Honors Committee, the complete Honors Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
DISTINGUISHED CONSUMER AWARD

DIRECTOR-ELECT CHECKLIST
(for district use only)

_______ Distinguished Consumer Nomination Form (completed by Director-Elect)

_____ Letter of Support from Director-Elect describing the consumer (or responsible family member) and his/her accomplishments achieved through the service or cooperative efforts of an SLP or Audiologist. This person has demonstrated qualities that have earned admiration and respect of society AND he or she has:

1. Shown remarkable improvement.
2. Participated in activities that inform the public of available services.
3. Demonstrated qualities of strength and perseverance that serve to inspire others with a similar impairment.

_______ Supporting Documents (letters from SLP or AUD and other documentation)

_______ Complete packets emailed to the Honors Committee and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
Public Service Award

Number of Awards: One per year, when applicable

Eligibility:
1. Individuals or organizations must be from outside the association.
2. Contributions should have occurred over a minimum of two years and must be of a charitable nature. For example, McDonalds started the “Ronald McDonald House” and the corporation makes monetary donations to support this venture.

Criteria for the Award:
Individual or organization has made significant contributions to the field of communication sciences and disorders and/or audiology and the contributions must include activities that are above and beyond those that produce revenues. These significant contributions may include:

1. The development of products or materials designed to benefit individuals who are communicatively challenged.
2. Providing employment opportunities for those with special needs.
3. Other activities that benefit those who are communicatively challenged.

Nominating Procedure:
1. Nominations will be initiated by a District Nominating Committee or by a CSHA member. Call for nomination can be published in the February newsletter.
2. Email nomination with supporting documentation to the Chair, Honors Committee, the entire Honors Committee, and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

Decision: 1. The CSHA Honors Committee meets and, using written ballot, votes on selection of final award recipients. This award requires a majority vote for approval.
2. President-Elect announces the award recipients to the Board.
Dear

Once a year the CSHA District Nominating Committee meets to consider nominations for State Association Awards, which are given at the annual State conference in the Spring. One of these awards, The Public Service Award, is intended to honor and recognize the outstanding contributions of individuals or organizations outside of the association who have made a significant contribution to the field of communicative disorders. These individuals or organizations may have distinguished themselves in various ways, e.g., developing products or materials for use by communicatively challenged individuals, providing employment opportunities for those with special needs, etc. If the individual or organization receives monetary gains for these contributions, then activities beyond those that are revenue producing must be documented.

Your name has been submitted for consideration for this CSHA award. In order that the nominations’ committee may have sufficient information concerning the professional activities that would qualify you for this award, we are requesting that you complete the enclosed informational worksheet and return it to me at the address listed below. This information is needed by June 25th.

We are pleased that your professional accomplishments have been recognized and we want to extend our appreciation for your contributions to the field. We look forward to your reply. Although three or four nominations in this category may be received, only one award will be given in this category.

Please call if there are any questions about the nominations procedure.

Sincerely,

Director-Elect, District _____
Chair, District Nominating Committee
Email:  
Address: ___________________________________, CA Zip: __________________

Telephone No. ( ) __________________

E-Mail: ____________________________________________

Encl.
CALIFORNIA SPEECH-LANGUAGE HEARING ASSOCIATION

PUBLIC SERVICE AWARD

INFORMATIONAL WORKSHEET

Please provide all of the information requested on this worksheet. The CSHA nominating committee needs as much specific information as possible to familiarize itself with the specific professional activities that may qualify you for this award. The committee will use this document as its main informational source, but we need you to attach additional letters of support. All of the documentation you can provide will greatly facilitate consideration of your nomination.

(Please type)

Name of Nominee:

Address:

Telephone: Fax:

E-Mail:

CONTRIBUTION TO THE FIELD OF COMMUNICATIVE DISORDERS OR TO INDIVIDUALS WHO ARE COMMUNICATIVELY CHALLENGED (please describe in detail).

SUMMARY, WITH SUPPORTING DOCUMENTATION, OF NOT FOR PROFIT ACTIVITIES:
OBSERVATIONS REGARDING THE SUCCESS OF SUCH CONTRIBUTIONS:

Please attach letters of support from the following people:

1. One (1) from client/parent or other consumer who has benefited from your contributions.
2. One (1) from a professional who has knowledge of the significant contributions made.
3. Two (2) from individuals or organizations who can speak to donations made or non-revenue producing activities that have benefited service providers or individuals with communicative disorders.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

PUBLIC SERVICE AWARD NOMINATION FORM
(To Be Completed by Nominator)

Name of Candidate: ___________________________ Date: __________________

Address: ______________________________________________________________

Telephone ___________________________ Fax ___________________________

Submitted by: __________________________________________ CSHA District #:_____
Address: ___________________________________________________________________

Telephone: ___________________________ Fax ___________________________

The individual or organization has made significant contributions to the field of communication sciences and disorders and the contributions include activities that are above and beyond those that produce revenues.

Supporting Documentation, including letters of support:

1. ______________________________________________

2. ______________________________________________

3. ______________________________________________

4. ______________________________________________

5. ______________________________________________

Signature of Nominator:

_____________________________ Email: _________________________________

Date of Nomination: ________________________________

Note: Nomination for Public Service Award requires a letter of nomination with supporting documentation. Email to the Chair, Honors Committee, the entire Honors Committee, and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
PUBLIC SERVICE AWARD

DIRECTOR-ELECT CHECKLIST
(for district use only)

______ Public Service Award Nomination Form (Completed by Director-Elect)

______ Letter of Support from Director-Elect summarizing the significant contributions of an organization or person outside the Association to the field of Speech-Language Pathology or Audiology. This person or organization must have made significant contributions to the field of communication sciences and disorders, and the contributions must include activities that are above and beyond those that produce revenues.

______ Informational Worksheet (summarized by nominator following submission by the candidate)

______ Supporting letters (be sure you have all 4) and other documentation

______ Emailed to the Chair, Honors Committee, the entire Honors Committee, and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
AWARDS PROGRAM

Program of the Year

Number of Awards: One per year

Eligibility:
1. CSHA membership three (3) years for primary professional involved with program.
2. Program must have been in place for a minimum of two (2) years.

Criteria for Award:
Outstanding contributions/achievements in the following area(s):
1. Clinical service, and/or
2. Innovative service delivery models, and/or
3. Coordination of related program services, and/or
4. Use of innovative techniques in delivery of services, and/or
5. Research activities, all of which culminate in a single outstanding program.

Nominating Procedures:
1. Initiated by anyone within the profession or from the community.
2. Nominator or nominee must complete Program of the Year nomination form.
3. Two (2) letters of recommendation must be submitted from participating students, clients, or parents.
4. One (1) letter of recommendation must be submitted from an administrator affiliated with the program.
5. Minimum of one (1) letter of recommendation must be submitted from a professional associated with the program, but not a member of the nominated program staff/team.
6. One (1) letter of support from CSHA member. (This may be accomplished if one of the above letters is from a CSHA member.)
7. Any one program may receive this award/honor once, though the program may be re-nominated should it not be selected to be the recipient.

Recommendations:
1. If possible, an on-site visitation is recommended to observe the program in action. Such a visit would verify and strengthen support for the information presented in the nomination.
2. If on-site visitation is not possible, then phone contact with the program's personnel should be made if there are any questions or a need for further information.
3. A written summary of the visit/phone contact should be included in the packet. If observations were made, then a summary of program services should be included. Phone call summary would include any additional data that was obtained by the committee.

Deadline: Email the nominations packet to the Chair, Honors Committee, the entire Honors Committee, and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
Dear [Name],

Once a year the CSHA District Nominating Committee meets to consider nominations for State Association awards which are given at the annual State Conference in the Spring. One of these awards, the **Program of the Year Award**, honors a single speech-language pathology or audiology program that is exemplary in its service to clients and families and to the field of communicative disorders.

The Program of the Year Award is intended to honor programs which have made a significant contribution in one or more of the following areas: outstanding clinical services; use of innovative service delivery models; coordination of related services for program effectiveness; use of innovative techniques in service delivery; and/or service which has resulted in research beneficial to the field.

Your program has been submitted for consideration for this CSHA award. In order that the nominations committee may have sufficient information concerning your program activities, we are requesting that you complete the enclosed application and return it to me at the address listed below. This information is needed by June 25th.

We are pleased that your professional accomplishments have been recognized and we want to extend our appreciation for your contributions to the field. We look forward to reviewing your documentation. Although many programs may be nominated, only one program will be selected for the Program of the Year Award.

Please call me if there are any questions about the nominations procedures. A copy of the Program of the Year guidelines is enclosed for your information.

Sincerely,

[Signature]

Director-Elect, District ______
Chair, District Nominating Committee

Email:_______________________________________

Address: ____________________________, CA ____________Zip:____________________

Telephone No. _____________________

Encl.
Please fill this information worksheet out carefully and completely. Your District Nominating Committee needs as much specific information as possible to familiarize itself with the nominated program. The District Nominating Committee will use this document as its main informational source. Please attach additional letters and documentation to this when returning it to the Director-Elect from your district.

The committee thanks you for your time spent in gathering and supplying this information. It will greatly facilitate consideration of your nomination.

(Please type)

**Name of Program:**

**Contact Professional at the Program:**

**Address:** ______________________________________________________________

**Telephone:** (        ) ________________________________________________

**Fax:** (      )____________________________________________

**E-Mail:** ________________________

**Length of Time Program (as described) Has Been Operating**

**Program Description:**

**Description of Population Served:**
Description of the Area(s) of Outstanding Achievement:

Observations of Program Success:

Name of Administrator/Supervisor of Program (if Applicable):

Telephone:

Address:

Please attach letters of support from the following people:

1. Two (2) from students/clients/parents (if more appropriate) who are associated with the program.
2. One (1) from an administrator affiliated with the program.
3. One (1) from a professional who has worked with the program but is not a member of the program team.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
PROGRAM OF THE YEAR AWARD

NOMINATION FORM
( FOR USE BY DIRECTOR-ELECT)

*PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR NOMINATIONS PACKET FOR PROGRAM OF THE YEAR.

Name of Program _____________________________________________________

Contact Person (Include Title) __________________________________________
E-Mail of Contact Person: ____________________________________________

Submitted By _________________________________________ CSHA District # ____
E-Mail: ______________________________________________

Address ____________________________________________________________

Telephone: __________________________ Fax _____________________________

Years of service criteria has been met:
   _____ Three (3) Years Membership in CSHA for Primary Program Professional
   _____ Program as Described has been in existence two years

Review of the application has indicated outstanding achievement/contributions to our field in the following area(s):
   _____ Clinical Service
   _____ Innovative Service Delivery Model
   _____ Coordination of Related Program Services
   _____ Use of Innovative Techniques
   _____ Research Activities

Letters of support included from:
   _____ Students/clients/parents associated with the program
   _____ Administrator (if applicable)
   _____ Professional affiliated/associated with the program who is not a member of the team
   _____ CSHA member (may be one of the above)

Visitation: On Site ______ Phone conversation ______
CALIFORNIA SPEECH-LANGUAGE HEARING ASSOCIATION

AWARDS PROGRAM

PROGRAM OF THE YEAR CHECKLIST FORM

(For use by the Director Elect)

_____ Program of the Year Nomination form

_____ Letter of Support from Director-Elect describing the Program's outstanding contributions/achievements in the following areas:
   1. Clinical Services, and/or
   2. Innovative Service Delivery Model, and/or
   3. Coordination of Related Programs Services, and/or
   4. Use of innovative Techniques in Delivery of Services, and/or
   5. Research Activities

_____ Program of the Year Informational Worksheet (to be completed by the nominator)

_____ Any other supporting letters or documentation

_____ Complete packets emailed to the Chair of the Honors Committee, the entire Honors Committee, and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, SHOULD NOT BE EMAILED TO THE HONORS COMMITTEE MEMBERS FOR CONSIDERATION.
DISTRICT LEVEL AWARD CRITERIA: DESCRIPTION AND REQUIRED DOCUMENTATION

CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION
DISTRICT LEVEL AWARDS PROGRAM

Outstanding Service and/or Achievement Awards

Number of Awards: One per 100 members per District (No more than 1/2 are to be Achievement Awards).

Eligibility for Award: CSHA membership 3 years

Criteria for Outstanding Service Award:
1. Outstanding contribution or achievement in one (1) designated Category (See pages 14-16):
   a. Clinical Service in Communicative Science and Disorders and/or Audiology
   b. Teaching in Communicative Science and Disorders and Related Areas
   c. Research & Publication in Communicative Science and Disorders and/or Audiology
   d. Administrative Service in Communicative Science and Disorders and/or Audiology
   e. Service to Related Associations
2. Service to CSHA is defined as follows (see page 14): Service to CSHA must be more than simply attending meetings, conferences and/or presentation of papers at these meetings; one or two of the above activities at the district level alone may not be construed to be sufficient evidence of outstanding contributions. The contributions should have occurred over a minimum period of 3 years (or longer).

Criteria for Outstanding Achievement Award:
1. Outstanding contribution or achievement in one (1) designated Category (See pages 14-16):
   a. Clinical Service in Communicative Science and Disorders and/or Audiology
   b. Teaching in Communicative Science and Disorders and Related Areas
   c. Research & Publication in Communicative Science and Disorders and/or Audiology
   d. Administrative Service in Communicative Science and Disorders and/or Audiology
   e. Service to Related Associations
2. Service to CSHA is defined as follows (see page 14): Service to CSHA must be more than simply attending meetings, conferences and/or presentation of papers at
these meetings; one or two of the above activities at the district level alone may not be construed to be sufficient evidence of outstanding contributions. The contributions should have occurred over a minimum period of 3 years (or longer).

**Nominating Procedure:**
1. Initiated by District Nominating Committee.
2. Current copy of nominee's curriculum vita.
3. One letter of support.

**Deadline:** Director-Elect to send the names of Outstanding Service/Achievement Award winners to CSHA office and the President-Elect by **September 25th.**

**Decision:**
1. Requires 2/3 approval of District Director, Director-Elect and the District Nominating Committee. Information regarding recipients retained by Director-Elect at the District Level.

**NOTE:** Be sure to indicate either Service or Achievement Award when submitting to the CSHA Office.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by outstanding service to CSHA and/or outstanding achievement in the field of Communicative Disorders in one of the following categories:

* Clinical Service
* Teaching in Communication Sciences & Disorders and Related Areas
* Research and Publication
* Administrative Service
* Service to Related Organizations

Your name has been submitted by your colleagues for consideration of one of these awards. In order that the nominations' committee may have sufficient information concerning your professional activities, would you please return to me the completed Vita Information Worksheet enclosed, together with a copy of your current vita at the address shown below. Please send all documentation to reach me no later than June 25th.

In order to support this nomination, we also need one letter from someone who can provide some detail regarding your service to CSHA or your achievements as a professional. Please invite someone to provide such a letter and ask them to send it to me not later than June 25th.

All the required documentation should be sent to me at the address shown below.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ___, Chair, District Nominating Committee
Email: ________________________ Phone: (    )____________________

Director, District ___ ; Email: ________________________ Phone: (    )__________________
Encl.
OUTSTANDING SERVICE AWARD:

_______ Copy of current vita

_______ Completed vita information form

_______ One letter of support detailing outstanding service to CSHA and outstanding service in one of the categories (can be from a district nominating committee member).

OUTSTANDING ACHIEVEMENT AWARD:

_______ Copy of current vita.

_______ Completed vita information form

_______ One letter of support detailing area of outstanding achievement. (can be from a district nominating committee member)

NOTE: KEEP ALL THIS AT THE DISTRICT LEVEL. ONLY EMAIL NAMES TO THE CSHA OFFICE AND THE PRESIDENT-ELECT BY SEPTEMBER 25TH. NO PACKET IS SENT.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Leadership Award

Number of Awards: One per district per year

Eligibility for Award: CSHA membership,

Criteria for Award:

1. The nominee is recognized as making a contribution to their settings, patients, and/or community.
2. The nominee is recognized as working consistently and diligently and making a difference.
3. The nominee demonstrates skills perceived by others as leadership but not necessarily assuming formal leadership positions.
4. The nominee demonstrates skills perceived by others”.
5. The nominee cannot be a member of the CSHA Board of Directors, a district advisory committee, or state or district nominating committee.

Nominating Procedure:

1. The nomination must be initiated by the district nominating committee.
2. A current copy of the nominee’s curriculum vita must be submitted to the district nominating committee.
3. One letter of support is required

Deadline: The Director-Elect is to send the name of the recipient to the CSHA office and the President-Elect no later than September 25th. All supporting documentation remains at the district level. None is to be sent to the CSHA office.

Decision:

1. Requires 2/3 approval of District Director, Director-Elect and the District Nominating Committee.
2. Information regarding the recipient is retained by the Director-Elect at the district level.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech/Language and Audiology professionals who have distinguished themselves by **outstanding leadership** at the district level in the fields of Communicative Disorders and/or Audiology.

Your name has been submitted by your colleagues for consideration for this award. In order that the nominations' committee may have sufficient information concerning your professional activities, would you email me a copy of your current vita at the email address shown below. Please send all documentation to reach me no later than June 25th.

In order to support this nomination, we also need one letter from someone who can provide some detail regarding your leadership as a professional. Please invite someone to provide such a letter and ask them to send it to me not later than June 25th.

All the required documentation should be sent to me at the address shown below.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ____, Chair, District Nominating Committee
Email: ___________________________ Phone: (    ) __________________

Director, District ____; Email: ______________________ Phone: (    ) ________________
Encl.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Leadership Award

DIRECTOR-ELECT CHECKLIST

Name of Candidate: ___________________________ Date: ________________

Candidate’s Address: _____________________________________________

Telephone: ___________________________ E-Mail: ___________________________

Submitted by: ___________________________ CSHA District # __________

Address: _____________________________________________

Telephone: ___________________________ E-Mail: ___________________________

Candidate is a CSHA Member: Yes____

Supporting Documentation:

___ Current copy of nominee’s curriculum vita

___ One letter of support from an SLP aware of the nominee’s accomplishments

Signature of Nominator: _____________________________________________

Signature of District Director: _________________________________________

Note: Keep all this information at the District Level. Only send names to the CSHA Office and the President-Elect by September 25th. No packet is sent.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Speech-Language Pathology Assistant (SLPA) Award

Number of Awards: One per district

Eligibility for Award: CSHA membership for 3 consecutive years (may include 1 year of student membership)

Criteria for Award:
1. Outstanding Contribution to CSHA (see page 14)
2. Clinical Service in communication sciences and disorders
3. Participation in activities that inform the public about the nature of communication sciences and disorders

Nominating Procedure:
1. Initiated by the district nominating committee
2. Current copy of nominee’s curriculum vita
3. One letter of support from an SLP

Deadline: Director-Elect to send the name of the award winner to the CSHA office by September 25th

Decision:
1) Requires 2/3 approval of the District Director, Director-Elect and the District Nominating Committee
2) All information regarding the recipient will be retained by the Director-Elect at the district level.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech-Language Pathology Assistants who have distinguished themselves by outstanding service to CSHA and/or outstanding achievement in the field of Communicative Disorders in one of two of the following categories:

1. Outstanding Contribution to CSHA
2. Clinical Service in communication sciences and disorders
3. Participation in activities that inform the public about the nature of communication sciences and disorders

Your name has been submitted by your colleagues for consideration of one of these awards. In order that the nominations' committee may have sufficient information concerning your professional activities, would you please return to me the completed Vita Information Worksheet enclosed, together with a copy of your current vita at the address shown below. Please send all documentation to reach me no later than June 25th.

In order to support this nomination, we also need one letter from someone who can provide some detail regarding your service to CSHA or your achievements as a professional. Please invite someone to provide such a letter and ask them to send it to me not later than June 25th.

All the required documentation should be sent to me at the address shown below.

Thank you for assisting us in this nomination process.

Sincerely,

[Signature]

[Name]

[Contact Information]

Encl.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Speech-Language Pathology Assistant (SLPA) Award

DIRECTOR-ELECT CHECKLIST

Name of Candidate:__________________________________________ Date:_________________

Candidate’s Address:__________________________________________________________________________

Telephone:__________________________ E-Mail:________________________________________

Submitted by:__________________________________________ CSHA District #__________

Address:____________________________________________________________________________________

Telephone:__________________________ E-Mail:________________________________________

Candidate has been a CSHA Member for 3 consecutive years (may include 1 year of student membership): Yes____

The above-named individual has demonstrated distinction in the following areas:

   Has provided outstanding contributions to CSHA
   Has provided clinical service in communication sciences and disorders
   Has participated in activities that inform the public about the nature of communication sciences and disorders

Supporting Documentation:

   ____Current copy of nominee’s curriculum vita
   ____One letter of support from an SLP aware of the nominee’s accomplishments

Signature of Nominator:________________________________________________________________________

Signature of District Director:__________________________________________________________________

Note: Keep all this information at the District Level. Only send names to the CSHA Office and the President-Elect by September 25th. No packet is sent.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Student Awards

Number of Awards: One per College/University Located in the District

Eligibility for Award: CSHA Student Membership during the past academic year

Criteria for Award: Demonstrated distinction in two of the following three (3) areas:

1. Has achieved a grade point average (G.P.A.) of 3.0 or better in communication disorders coursework.
2. Has shown commitment to the professions of speech-language pathology and/or audiology through activities related to the professions.
3. Has obtained CSHA Legislative Advocacy Commendation.

Nomination Procedure: 1. Initiated by District Nominating Committee
                           2. Completion of Outstanding Student Award Checklist sheet.
                           3. One letter of support.

Deadline: Director-Elect to send the names of Outstanding Service Award winners to CSHA office and the President-Elect by September 25th.

Decision: 1. Requires 2/3 approval of District Nominating Committee.
           2. Information regarding recipients retained by Director-Elect at the District Level.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech-Language Pathology students who have distinguished themselves by outstanding service to CSHA and/or outstanding achievement in the field of Communicative Disorders in one of two of the following categories:

1. Has achieved a grade point average (G.P.A.) of or better in communication disorders coursework.
2. Has shown commitment to the professions of speech-language pathology and/or audiology through activities related to the professions.
3. Has obtained CSHA Legislative Advocacy Commendation.

Your name has been submitted by your colleagues for consideration of one of these awards. In order that the nominations' committee may have sufficient information concerning your professional activities, would you please return to me the completed Vita Information Worksheet enclosed, together with a copy of your current vita at the address shown below. Please send all documentation to reach me no later than June 25th.

In order to support this nomination, we also need one letter from someone who can provide some detail regarding your service to CSHA or your achievements as a professional. Please invite someone to provide such a letter and ask them to send it to me not later than June 25th.

All the required documentation should be sent to me at the address shown below.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ____, Chair, District Nominating Committee
Email: ___________________________ Phone: (    )______________________

Director, District ____; Email: ___________________________ Phone: (    )______________________

Encl.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Outstanding Student Awards

DIRECTOR-ELECT CHECKLIST

Name of Candidate: ___________________________________________ Date:__________________
University Attending: ___________________________________________

Candidates Address: ___________________________________________

Telephone:_____________________________ E-Mail _______________________

Submitted by:_______________________________ CSHA District #________
E-Mail:____________________________________________
Address:_____________________________________________________________________

Candidate's Primary Residence is California:  Yes_______
Candidate is a CSHA member:  Yes_______

The above named individual has demonstrated distinction in **two (2)** of the following
three (3) areas:
1. Has achieved a grade point average (G.P.A.) of 3.0 or better in communication disorders
coursework.
2. Has shown commitment to the professions of speech-language pathology and/or audiology
through activities related to the professions in the following manner:(Please
describe)_____________________________________________________________________
                                                                                          ___________________________________________________________
3.  Has obtained CSHA Legislative Advocacy Commendation.

_____ One letter of support

Signature of Nominator: ___________________________________________

Date of Nomination:__________________________

**Note:** Keep all this at the District Level. Only send names to the CSHA Office and the
President-Elect by **September 25th**. Notify the CSHA office ONLY of the names of the
recipients of the awards. No packet is sent.
CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Student Legislative Advocacy Commendation

Number of Commendations: Restricted only to the number of students who qualify

Eligibility for Commendation:
1. Undergraduate or graduate student in a Communication Disorders program
2. Student member of CSHA
3. Minimum of at least 5 hours of approved legislative activities.

Procedural Guidelines:
Student is assigned a sponsor at the district level. This sponsor may be the member of the district advisory who is assigned to the commission on legislation.

Opportunities for legislative activities may be initiated by the district sponsor or by the student. All activities must be approved by the sponsor prior to the student engaging in the activity if the student is to receive credit for that activity.

Students are responsible for keeping documentation of their activities on the CSHA form. This form must be signed by the district sponsor.

1. Approved activities may include, but not be limited to the following:
   a. presentations on campus
   b. fundraising activity for a political candidate
   c. phone banking
   d. networking with other organizations
   e. letter writing to legislators
   f. visit to office of government officials
   g. precinct walking
   h. participation in legislative activity
   i. CSHA legislative advocacy training
   j. campaign volunteer for government candidate

Deadline: Documentation forms must be sent by the student to the Chair of the District Nominating Committee no later than June 15th. The Chair of the District Nominating Committee will notify the President-Elect and the CSHA office no later than June 15th of the names of the students who have qualified to receive a Legislative Advocacy Commendation and the number of hours of legislative activity in which the student has participated.

Recognition: Certificate of recognition for the number of hours involved in legislative advocacy between June 1 and May 31.
Dear

Once a year your CSHA District Nominating Committee meets to consider nominations for State Association awards to be given at the annual State Conference in the Spring. These awards are intended to honor and recognize those Speech-Language Pathology students who have distinguished themselves by outstanding legislative service to CSHA.

Your name has been submitted by your colleagues for consideration of one of these awards. In order that the nominations' committee may have sufficient information concerning your professional activities, would you please return to me the completed Vita Information Worksheet enclosed, together with a copy of your current vita at the address shown below. Please send all documentation to reach me no later than June 25th.

In order to support this nomination, we also need one letter from someone who can provide some detail regarding your service to CSHA or your achievements as a professional. Please invite someone to provide such a letter and ask them to send it to me not later than June 25th.

All the required documentation should be sent to me at the address shown below.

Thank you for assisting us in this nomination process.

Sincerely,

Director-Elect, District ____, Chair, District Nominating Committee
Email: ________________________ Phone: (    )____________________

Director, District ____; Email: ____________________ Phone: (    )________________
Encl.
# CSHA STUDENT LEGISLATIVE ACTIVITY DOCUMENTATION FORM

Student Name: ___________________________________________

CSHA District: ______________________________________________

### Legislative Activity

<table>
<thead>
<tr>
<th>Legislative Activity</th>
<th>Government Official</th>
<th>Hours</th>
</tr>
</thead>
</table>

Student Signature___________________________________________

Date_________________________________

E-Mail:____________________________________________________

Sponsor Signature_________________________________________

Date_________________________________

E-Mail:____________________________________________________
NATIONAL LEVEL AWARD CRITERIA: DESCRIPTION AND REQUIRED DOCUMENTATION

AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION (ASHF) AWARDS

Louis M. DiCarlo Award
(California Nominee)

Philosophy: This award recognizes an individual for advancement of knowledge in clinical practice as evidenced in significant recent accomplishments within the past three (3) years in Speech-Language Pathology and/or Audiology.

Number of Awards: One California nominee (need not be every year).

Nominating Procedures:
1. Initiated by district nominating committee or individual CSHA member.
2. Nominator must submit a letter of recommendation and the supporting evidence should include the following:
   • Time and place of the specific achievements.
   • Description of the significance of the achievement.
   • Explanation of the nominee's role in the achievement.
   • Brief description of the process for selecting the nominee and preparation of the nominator's documentation.

Deadline: Email copies of the nomination packet to the Chair, Honors Committee, the entire Honors Committee and the President-Elect no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

NOTE:

Honors Committee must obtain forms for nomination from ASHF. It is the responsibility of the Honors Committee to fill out the ASHF forms using information obtained from the CSHA nomination forms.
AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION
LOUIS M. DICARLO AWARD NOMINATION FORM
(To be completed by Director-Elect)

Name of Candidate: ____________________________ Date: ____________

Address: _______________________________________ Phone: ____________

Submitted by: __________________________________ CSHA District# ___

Address: _______________________________________ Phone: ____________

Member of CSHA:  Yes ____  No ____

Years Active in Profession: ________

The above named individual has demonstrated Outstanding Contributions to the profession in advancement of knowledge in clinical practice within the past 3 years.

Letters of Support From:

________________________________________

________________________________________

________________________________________

Signature of Nominator: ____________________________

Date of Nomination: ____________________________

Note: Nomination for Louis DiCarlo award requires, in addition to this form, a current copy of the nominee's curriculum vitae, a summary letter from the nominator describing the nominee's outstanding contributions, and three (3) additional letters of support, one (1) or more of which must be from a present or former CSHA Board member or CSHA Fellow. Email copies to Chair, Honors Committee no later than September 25th. NOMINATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION
LOUIS M. DiCARLO AWARD
(California Nominee)
DIRECTOR-ELECT CHECKLIST

_______ Nomination Form

_______ Letter of Support from Director-Elect summarizing the following:

▪ Time/Place of specific achievements (must be within the last 3 years),
▪ Description of the achievement.
▪ Explanation of how the nominee's actions have advanced knowledge in the area of clinical practices.
▪ Explanation of the nominee's role in the achievement.

_______ Three (3) other letters of support and documentation.

_______ Nominee’s Curriculum Vitae

_______ Complete packets emailed to the Chair of the Honors Committee, the entire Honors Committee, and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, WILL NOT BE CONSIDERED.
AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION
AWARDS

Frank R. Kleffner Clinical Career Award

PHILOSOPHY: This award is made to an individual in recognition of outstanding contributions to clinical science and practice in communication science and disorders over a twenty year or longer period. The lifetime contributions may have been in clinical service, supervision, or administration of clinical service, clinical research, or any other activity that has promoted clinical excellence.

CRITERIA FOR SELECTION:

A nominee for this award should demonstrate outstanding contributions to clinical practice under the following conditions:

1. The individual's work can have been done anywhere in the world.

2. The contributions made by the individual must have been specific and multiple with significant impact on recipients of service.

3. The contributions made by the individual must have altered or accelerated the course of quality of clinical care in speech-language pathology and/or audiology.

4. The individual need not be a member of a professional organization, but should exemplify the ideals of the American Speech-Language Hearing Foundation and its advocacy for effective human communication.

Award applications are available from the ASH Foundation at www.ashfoundation.org starting in January of each year. Applications are usually due around April 1st of each year. Applications are submitted directly to ASHF.
This award is a memorial recognition of Rolland J. Van Hattum who had a long and distinguished career in the provision of services and support of audiology and speech-language pathology in the schools. This award was established to advance the work of school-based professionals in serving persons with communicative disorders.

A plaque and an award of $1,000 will be given to the annual recipient of this award. In addition, $500 will be awarded to the school system that the recipient represents, to further the work for which she/he is being honored. The recipient is announced and honored at the annual ASHA Convention.

CRITERIA FOR SELECTION:

A nominee for this award should demonstrate outstanding commitment and specific contribution to the delivery of audiology or speech-language pathology services in a school setting. Eligible activities or achievements for which the Award will be given could include, but would not be limited to:

* the conduct of exemplary clinical services, supervision, or research in a school setting;

* the development of an innovative program (e.g., clinical, training) in a school setting with an emphasis on those that are replicable; or

* the promotion or enhancement of public or private support for audiology and/or speech-language pathology services in the schools.

Check with ASHF in Rockville, MD at www.ashfoundation.org for the specific deadline and all applicable forms. It is usually around April 15th of each year. Applications are submitted directly to ASHF in Rockville, MD. Award applications are available from the ASHA Foundation starting in January of each year.
AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION
AWARDS

Nancy McKinley Award

**Philosophy:** This award recognizes a member of a speech-language and hearing association for his or her exemplary contributions to their speech and hearing association (SHA). This individual should have demonstrated selfless dedication and commitment to the development of an initiative or program designed to promote the work of the SHA or professionals in the field of communication sciences and disorders. A $1,000 award will be presented to the state SHA which the awardee represents. The awardee will receive a plaque or certificate in acknowledgement of having received the award.

**Criteria:** Selection criteria are listed at [www.csap.org](http://www.csap.org).

**Nominating Procedures:** A nomination form is located at [www.csap.org](http://www.csap.org) as is a description of all needed documentation. There may only be one nominee per SHA.

**Deadline:** The electronic and paper copies of the nomination packet must be submitted to the CSAP office by February 1st of each year.
GRADUATE STUDENT SCHOLARSHIP AWARDS

Philosophy: It is the philosophy of CSHA that the organization can best assure the on-going quality of the professions of Speech-Language Pathology and Audiology by supporting future professionals.

Number of Awards:
1. Potentially one for every qualified student, assuming sufficient donations; that is, the total amount of funds generated divided by 1,000.
2. Not to exceed more than one per every 100 CSHA members in the district.
3. All qualified nominees will be recognized.

Award Amount: $1,000 per student

Eligibility:
1. Nominee must be a current student CSHA member.
2. Nominee is one who will be attending an advanced degree program for speech-language pathology, communication sciences and disorders, communicative disorders, or audiology in the State of California during the Fall or Spring semester of the academic year for which they apply for the scholarship.

Criteria for Award: All applications will be rated based on the following criteria and weights:

1. Cumulative undergraduate and graduate GPA (10%)
2. Description of undergraduate and graduate involvement in pre-professional and volunteer organizations. (30%)
3. Statement of career objectives and professional interests (40%)
4. Two letters of recommendation. (10%)
5. Brief statement of financial need and/or use of scholarship funds (10%)

Nominating Procedures:
1. Applications available from Colleges and universities in California that provide undergraduate and graduate programs in speech-language pathology, communication sciences and disorders, communicative disorders, or audiology
2. Applications available on line from the CSHA web page
3. Applicants submit the application and supportive documents to the Chair of the District Nomination Committee in the district of the applicant’s permanent residence
4. The District Nominating Committee will submit to the State Honors Committee applicants who have met the criteria.
   a. Not to exceed 1 per 100 CSHA members in that district.
b. If more qualified applicants are received by a district than it is permitted to submit, a random drawing of the maximum allowed will be conducted.

**Deadline:**  
Student applications are due to the district nominating committee by **July 31st.**  
Director-Elect to send the names of Outstanding Service Award winners to CSHA office and the President-Elect by **September 25th.**

**Note regarding decision:**  
The CSHA Honors and Awards Committee evaluate nominees for scholarships solely on the information provided in the nomination packet prepared by the district nomination committee. When information/documentation is incomplete, the Honors Committee must reject the nomination. A ranking of applicants based upon weighted scores will be utilized to select top candidates. The number of scholarship/financial awardees will be based on available scholarships. Letters of recognition and certificates of achievement will be awarded to all applicants submitted by districts, regardless of the results of the final selection of those who receive scholarship awards.
AMERICAN SPEECH-LANGUAGE-HEARING FOUNDATION
Graduate Student Scholarship Award

DIRECTOR-ELECT CHECKLIST

_______ Application form
_______ Official or unofficial transcript
_______ A description of the undergraduate and graduate involvement in pre-professional and volunteer activities and organizations.
_______ Statement of career objectives and professional interests
_______ Two (2) letters of recommendation
_______ Brief statement of financial need and/or use of scholarship funds
_______ Complete packets emailed to the Chair of the Honors Committee, the entire Honors Committee, and the President-Elect no later than SEPTEMBER 25th.

PACKETS NOT MEETING THE SEPTEMBER 25th DEADLINE, OR MISSING ANY OF THE ABOVE INFORMATION, WILL NOT BE CONSIDERED.
V. CURRENT CALIFORNIA DEPARTMENTS OF COMMUNICATIVE SCIENCE AND DISORDERS BY DISTRICT

**BACHELOR’S AND MASTER’S DEGREE PROGRAMS**

<table>
<thead>
<tr>
<th>District #</th>
<th>University</th>
<th>BA/BS</th>
<th>MA/MS</th>
<th>AUD/PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CSU, San Francisco</td>
<td>SP</td>
<td>SP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CSU, Sacramento</td>
<td>SP</td>
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</tr>
<tr>
<td></td>
<td>CSU, Chico</td>
<td>SP</td>
<td>SP</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>University of the Pacific</td>
<td>SP</td>
<td>SP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSU, East Bay</td>
<td>SP</td>
<td>SP</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CSU, San Jose</td>
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<td>5</td>
<td>CSU, Fresno</td>
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<td>6</td>
<td>Biola University</td>
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<td>CSU, Dominguez Hills</td>
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<td>CSU, Long Beach</td>
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<td></td>
<td>CSU, Los Angeles</td>
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<td>7</td>
<td>CSU, Northridge</td>
<td>SP</td>
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<tr>
<td>8</td>
<td>Chapman University</td>
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<td>CSU, Fullerton</td>
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<td>9</td>
<td>CSU, San Diego</td>
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<td>A/A</td>
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<td>CSU, San Marcos</td>
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<tr>
<td>10</td>
<td>Loma Linda University</td>
<td>SP</td>
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<tr>
<td></td>
<td>Redlands University</td>
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</table>

**SPEECH LANGUAGE PATHOLOGY ASSISTANT PROGRAMS**

<table>
<thead>
<tr>
<th>District #</th>
<th>College</th>
<th>2 Year Program</th>
<th>Following BS</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>American River College</td>
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<td>*</td>
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<tr>
<td></td>
<td>CSU, Sacramento</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>San Joaquin Delta College</td>
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<tr>
<td>6</td>
<td>Cerritos College</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Pasadena City College</td>
<td>*</td>
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<tr>
<td>8</td>
<td>Orange Coast College</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Santa Ana College</td>
<td>*</td>
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</tbody>
</table>
NOTE: The worksheet that follows is to be used for the following state level award packets: Honors of the Association, Distinguished Achievement in Speech-Language Pathology and/or Audiology, Fellow of the Association, and Diversity AND the following district level awards: Outstanding Service and Outstanding Achievement.

CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION

VITA INFORMATION WORKSHEET

Please use this worksheet to provide your district nominating committee with additional background information concerning your professional activities. This is required in addition to your current vita as it categorizes the information for ease of use by the nominating committee.

It is not expected that you will have had professional activity in all of the categories listed and you may attach additional information or documentation that you feel would be appropriate and that is needed to assess the qualification for a particular award.

The committee thanks you for the time and effort spent in completing this documentation. It will greatly facilitate the committee’s consideration of your nomination.

NAME OF NOMINEE ____________________________________________

Preferred Address ____________________________________________

________________________________________________________________

Telephone: (day)________________________ (evening) _____________________

FAX __________________________ E-mail ____________________________

SERVICE TO CSHA

Dates of CSHA Membership: _________________________________

Service to CSHA:

Previous CSHA Awards? Please list and give year received.

Elected Offices? Please list and give year(s) served.
Appointed positions:  Please list and give year(s) served
(May include Commissioner, CSHA Editor, State Conference Chair, etc.)

Task Force or Committee Work:  Please list and give year(s) or term of committee
(May include task forces, commission coordinating committee, district advisory committee,
convention committee, etc.)

Additional CSHA Activities:

************************************************************************

CLINICAL SERVICE

Years in Clinical Service:              Part-time  Full-Time

Public Schools                          _______  _______
Hospital, Private Clinic                _______  _______
Private Practice                        _______  _______
Community College                       _______  _______

Years of Supervision or Mentoring

Internship Students                     _______  _______
Assistants/Aides                        _______  _______
CFY/RPE                                 _______  _______
Administration                          _______  _______
CLINICAL SERVICE IN COMMUNICATIVE SCIENCE AND DISORDERS AND/OR AUDIOLOGY

Please list any significant contributions in the area of clinical science or practice, such as development of service delivery models, innovative patient services, manuals or handbooks developed, etc.

TEACHING IN COMMUNICATIVE SCIENCE AND DISORDERS AND/OR RELATED AREAS

Please list any significant contributions in the area of teaching in communicative sciences and disorders and related areas, such as invited lectures, workshops, symposia, short courses, as well as community college or university teaching, including clinical teaching and/or supervision. The development of innovative instructional methods or courses should also be included.

Description of Educational Activity (Please include year(s))

nominations or Honors Received Related to Teaching Activities/Involvement:
RESEARCH AND PUBLICATION

Contributions in this area should include a listing of publications (e.g., articles in national or international refereed journals; articles in non-refereed local, state, or regional publications; books, chapters, technical reports, research grants received.)

(Attach pages if more space is needed)

ADMINISTRATIVE SERVICE

Contributions in this area may include: administrative role and titles; programs or departments administered, nature of the institution where administrative activities occurred.

<table>
<thead>
<tr>
<th>Position/Title</th>
<th>Agency (public school, university, etc.)</th>
<th>Year(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Programs Administered</th>
<th>Title</th>
<th>Year(s)</th>
</tr>
</thead>
</table>

Significant administrative contributions (e.g. new programs designed & implemented, new service delivery models developed, etc.)
### Service to Related Organizations or Other Associations

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Offices Held and/or Committee</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Honors Received from Other Organizations: