



## 2025 ICD FELLOWSHIP AWARD NOMINATION FORM

Please ensure you have read the **nomination guidelines** before completing. The nomination form can be submitted to [nominations@icd.ca](mailto:nominations@icd.ca) or faxed to 416-593-3343

**Nomination Deadline: Thursday, October 17, 2024**

### Part I – NOMINEE CONTACT INFORMATION

Name:

Address:

Address 2:

City:

Province:

Postal Code

Telephone: Work

Home

Cell

Email Address:

### Part II – BACKGROUND INFORMATION

*Complete to the best of your knowledge. You are welcome to submit a résumé.*

#### 1. Education

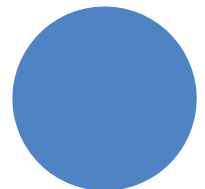
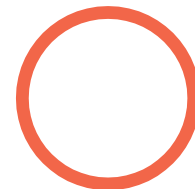
*Name & Location of School  
or Institution*

*Course, Program,  
Major field*

*Credits, Diploma,  
Degree attained*

*Date Completed*

<i>Name &amp; Location of School or Institution</i>	<i>Course, Program, Major field</i>	<i>Credits, Diploma, Degree attained</i>	<i>Date Completed</i>

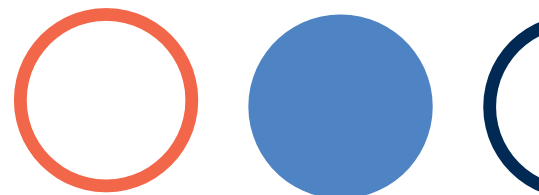




<b>2. Directorships (If space does not permit send additional document)</b>		
<i>Name of organization</i>	<i>Years served</i>	<i>Position held (e.g. Board Chair, Governance Committee Chair, Director)</i>

<b>3. Current or past employment</b>		
<i>Organization</i>	<i>Position</i>	<i>Years Served</i>

<b>4. Membership in professional organizations (List):</b>







#### **Part IV - REFERENCES:**

*Please submit three letters of reference in support of this nomination. The following individuals support this nomination.*

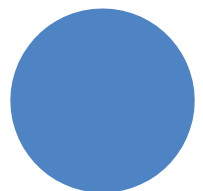
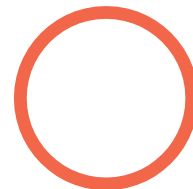
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	

#### **Part V – NOMINATOR DECLARATION:**

*To the best of my knowledge, the information contained in this application is true and  
\_\_\_\_\_ (print name of Nominee) adheres to the principles outlined in  
[PROPER NAME]  
the ICD Code of Conduct (excluding those sections that refer to ICD membership).*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**Part V – NOMINATOR CONTACT INFORMATION**

Name:		
Address:		
Address 2:		
City:	Province:	Postal Code
Telephone: Work	Home	Cell
Email Address:		

**NOMINATION FORM CHECK LIST**

<input type="checkbox"/> <b>Part I</b> – Nominee’s Contact information
<input type="checkbox"/> <b>Part II</b> – Background Information (six categories) including résumé
<input type="checkbox"/> <b>Part III</b> – Awards Selection Criteria
<input type="checkbox"/> <b>Part IV</b> – Reference letters
<input type="checkbox"/> <b>Part V</b> – Nominator’s Declaration (Please ensure the form has been signed)