



American Medical Technologists
OUTSTANDING STUDENT AWARD NOMINATION FORM

(Please type or print)

_____ is proudly nominated for the
(Student's full name)

2009 AMT Outstanding Student Award by _____
(School name and address)

Student's course of study: (circle one) DA MA MAS MLA MLT MT PT

Date of enrollment _____ Date of graduation _____

Scholastic average _____ AMT Student Society Member Yes _____ No _____

Student's home address _____

Home phone number _____ Date of birth _____

List extracurricular, professional or community related activity that this student has been involved in: _____

Specify any special recognition that this student has received (awards, elected to a student position or office, etc.): _____

Please state specific reasons for selecting this nominee to receive the 2009 AMT Outstanding Student of the Year Award: _____

I hereby attest that I or a member of the faculty staff filled out this entire nomination form and the faculty staff of the program for which he/she is being nominated selected the student.

Signature

Print name

Date

Title

Please note: This nomination will be disqualified if any part of it is filled out by the student or if more than one nominee is submitted from each category at any one educational facility.

When completed, attach a signed and dated statement (limited to one double-spaced typed page from the student on “**How Will AMT Certification Help to Further My Career**”. Forward them to American Medical Technologists, 10700 W. Higgins Road, Suite 150, Rosemont, Illinois, 60018, Attn: Cathie De Gustino

Nominations must be postmarked on or before March 1, 2010.