



QA PROFESSIONAL OF THE YEAR APPLICATION/NOMINATION FORM

THIS ANNUAL AWARD RECOGNIZES THE ENTREPRENEURIAL SPIRIT, INNOVATION AND CREATIVITY OF THE QUALITY ASSURANCE PROFESSIONAL. IT ALSO ACKNOWLEDGES THIS PERSON FOR WHOM CLIENTS RECOGNIZE THEIR SUPERIOR PROFESSIONALISM AND INTEGRITY.

NAME: _____

COMPANY: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PHONE: (Best for Contact) _____ EMAIL: _____

QUALITY ASSURANCE SPECIALIZATION / DESCRIPTION OF NOMINEE'S BUSINESS:

YEARS IN BUSINESS: _____

CERTIFICATIONS HELD

- GLP
- GCP
- GMP
- _____
- _____
- _____
- _____

EXPERIENCE / TRAINING?

- EPA GLPs
- FDA GLPs
- OECD GLPs
- _____
- _____
- _____
- _____

TYPES OF SERVICES:

- AGRICULTURAL
- ANIMAL HEALTH
- PHARMACEUTICAL
- MEDICAL DEVICES
- BIOTECHNOLOGY
- COMPUTER VALIDATION
- BIOANALYTICAL
- _____
- _____
- _____
- _____

LIST ORGANIZATIONS THE NOMINEE IS INVOLVED IN AND IN WHAT CAPACITY: _____

LIST AWARDS OR HONORS RECEIVED BY THE NOMINEE: _____

OUTSTANDING QUALITIES / ACCOMPLISHMENTS OF THE NOMINEE NOT YET STATED: _____

WHY SHOULD THIS NOMINEE RECEIVE THE QUALITY ASSURANCE OF THE YEAR AWARD? _____

NAME OF NOMINATOR

DATE

BEST CONTACT YOU (PHONE OR EMAIL)

Submit Form to NAICC: Email: AllisonJones@NAICC.org
Fax: 423-884-3199
Mail: 700 Wood Duck Drive, Vonore, TN 37885
Online: <https://naicc.org/about-us/awards/>