



**Institute Director Award of Excellence  
Nomination Form Due To IIMC Headquarters by March 15**

**ENCLOSURES REQUIRED**

Please check and enclose the following required materials with this Nomination Form. **The nomination will not be considered unless these and all other Nomination materials are enclosed with this Form.**

1. \_\_\_ IIMC Nomination Form
2. \_\_\_ Three Nominator letters
3. \_\_\_ Two letters of endorsement  
    \_\_\_ State/Provincial/National Municipal Clerk Association President  
    \_\_\_ Sponsoring University official
4. \_\_\_ Nominee resume or bio
5. \_\_\_ (Optional) Additional Nominee information, attachments and support material

**A. NOMINEE INFORMATION**

1. Director Name \_\_\_\_\_
2. Director Title \_\_\_\_\_
3. Institute Name \_\_\_\_\_
4. College or University \_\_\_\_\_
5. Institute Address \_\_\_\_\_  
\_\_\_\_\_
6. Phone: Work \_\_\_\_\_ E-mail \_\_\_\_\_
7. Director Home Address (if retired or past Director) \_\_\_\_\_  
\_\_\_\_\_
8. Phone: Home \_\_\_\_\_ E-mail \_\_\_\_\_
11. Director employment status (check one)  
    \_\_\_ Currently serving as Institute Director at above location  
    \_\_\_ Retired (If different from above)  
    \_\_\_ Currently employed

Comments: \_\_\_\_\_  
\_\_\_\_\_

# IIMC Institute Directors Award of Excellence Nomination Form

Nominee Name \_\_\_\_\_

12. Years of service as an educator and program professional \_\_\_\_\_

13. Years of service as Institute Director \_\_\_\_\_

14. Number of:

IIMC CMC Institutes administered \_\_\_\_\_

IIMC MMC Academy programs administered \_\_\_\_\_

Other clerk education programs administered \_\_\_\_\_

(Optional: enclose list of program names and years)

## **B. DISTINGUISHED PERFORMANCE RECORD (YOU MAY USE A SEPARATE SHEET IF NEEDED)**

15. Outstanding program accomplishments as Institute Director of significant benefit to the Municipal Clerks profession. **PLEASE BE SPECIFIC.**

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16. Outstanding or unique professional accomplishments or contributions of significant benefit to the Municipal Clerk profession, (Outside of the Institute Program). **PLEASE BE SPECIFIC.**

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# IIMC Institute Directors Award of Excellence Nomination Form

Nominee Name \_\_\_\_\_

17. Extraordinary personal voluntary efforts or contributions of time and skills given to IIMC, clerk associations or related organizations, which were of benefit to Municipal Clerks or the profession in significant ways. **PLEASE BE SPECIFIC.**

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18. Awards or other recognition received for excellent performance or contributions in the Municipal Clerk profession. Please indicate from whom the awards or recognition were received and the dates received. **PLEASE BE SPECIFIC.**

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19. Outstanding personal qualities or professional efforts of the Nominee that the Nominators believe should be considered when selecting the Award Recipient. **PLEASE BE SPECIFIC.**

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# IIMC Institute Directors Award of Excellence Nomination Form

Nominee Name \_\_\_\_\_

## C. NOMINATOR INFORMATION

Please list the three Nominators required for this nomination.\*

Name \_\_\_\_\_ Municipality \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Municipality \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Municipality \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**\*Nominators must have direct knowledge of the Nominee's work. Two nominators must be IIMC members in good standing.**

**Send this Nomination Form and the materials to:**

<p>Selection Committee IIMC Institute Directors Award C/O IIMC 8331 Utica Avenue, Suite 200 Rancho Cucamonga, CA 91730</p>
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**• PLEASE NOTE •**

**Nomination materials must be postmarked and due at Headquarter  
no later than MARCH 15**

**Nomination materials postmarked after this date will not be considered.**