****

**Clinical Program of the Year**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

|  |  |
| --- | --- |
| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **Location of Clinical Program** **you’re nominating** |  |

Explain why the above program deserves the **Clinical Program of the Year Award**, citing specific examples of their **clinical expertise, client outcomes, evidence-based practice, collaboration efforts, and professional development.** Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Instead of paper, you can nominate here: <https://forms.office.com/r/EWtncu0uP5>

Or here: