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**Clinical Program of the Year**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **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.

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