****

**Clinician 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** |  |
| **First and Last Name AND Location of Clinician** **you’re nominating** |  |

Explain why the above nominee deserves the **Clinician 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.

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