

COVER SHEET

Nomination: (Junior OD, Senior OD, ORION)

Name of Nominee:

Organization:

Rank:

Time in Service:

Duty Station:

Nominee's Address:

Nominee's Telephone Number:

Nominee's E-mail:

Nomination Submitted by:

Organization:

Address:

Telephone Number:

E-mail:

A type written statement, not to exceed 2,000 words, should accompany the cover sheet explaining the primary reason the nominee should be named as award recipient (see Criteria section). The statement should explain the nature of the individual's contribution based on all previous history, not just activities accomplished in the last year.

CRITERIA for Optometrist of the Year

Nominees will be evaluated according to a point system allocated to four principal areas:

I. PUBLIC SERVICE TO

(30 point maximum)

- the country, state, or other political subdivision in any capacity.
- education.
- the community.
- religious or service institutions.
- charitable causes.

II. SERVICE TO THE VISUAL WELFARE OF THE PUBLIC

(20 point maximum)

- with sight-saving groups.
- legislative activities beneficial to the visual welfare of the public.
- participation in governmental health care programs.
- participation in public service programs such as visual screening projects, etc.

III. SERVICE TO OPTOMETRY

(30 point maximum)

- Contributions of personal effort and time on behalf of the profession's advancement.

IV. SERVICE TO AOA OR AFOS

(20 point maximum)

- Service as an officer, committee chair or member, etc.
- Promotion of the association's goals and programs.
- Activity in support of association's projects.
- Involvement in public information activities.