

## COVER SHEET

Nomination: (AFOS OD of the Year 2017)

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:*

#### I. PUBLIC SERVICE TO: (30 point maximum)

- The country, state, or other subdivision in any capacity
- Education
- The community
- Religious or service institutions
- Charitable causes

#### II. SERVICE TO THE VISUALWELFARE OF THE PUBLIC (20 point maximum)

- Sight-saving groups or charities
- Service efforts in the community
- Participation in government health care programs

#### III. SERVICE TO OPTOMETRY (30 point maximum)

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

#### IV. SERVICE TO AFOS AND PROFESSIONAL ORGANIZATIONS (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 (media spokesperson, etc.)