###### Please type all responses. Submit the educator’s name as it should appear on a certificate if the educator is selected.

###### EDUCATOR

|  |  |
| --- | --- |
| Academy Membership Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Note: Nominees must also be a current NDEP member)**  |
| Name: |  |  |  |  |
| first | initial | last | credentials |
| Check which apply:  | DTR: \_\_\_\_\_\_ RD/RDN: \_\_\_\_\_\_ | FAND: \_\_\_\_\_\_\_\_\_ |  |  |
| Address: |  |  |  |  |
| street | city | state | zip |
| Phone: | ( ) | E-mail: |  |

### EDUCATIONAL AFFILIATION

|  |  |
| --- | --- |
| Dietetics Education Program Type (insert CP, DI, DPD, DT, or FEM GP): | \_\_\_\_\_\_\_\_\_\_ |
|  |
| Program Name: |  |
| Program Location: |  |
|  |  | city | state |  |

### EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| Highest Degree Completed: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution: |  | City/State: |  |

|  |  |
| --- | --- |
| Current Education in Process: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution: |  | City/State: |  |

### EDUCATION EXPERIENCE

Years in dietetics education: \_\_\_\_\_\_\_\_\_\_\_

Brief Summary of Active Learning Strategy/ Student Centered Techniques(no more than 200 words):

Brief Summary of Dietetics Mentoring Experience (Outside of role as faculty or director-not including current students/interns. Includes previous students/interns now considered professionals). Provide the number of professionals you mentor each year. (no more than 200 words):

Brief Summary of Leadership in Education and Dietetics (Volunteer activities, elected offices, accomplishments).

(no more than 200 words):

Brief Summary of Demonstrated Behaviors to support IDEA: inclusion, diversity, equity and access (Professional work-related, volunteer, and/or other professional organization activities). (no more than 200 words):

### WORK SUPERVISOR

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### EDUCATOR’S AFFILIATE

|  |  |  |
| --- | --- | --- |
| Affiliate (State): |  |  |

### NOMINATOR CONTACT INFO

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the following as a combined pdf in the following order:

1. Outstanding Educator Award Data Sheet
2. Current CV (resume) that includes presentations, publications, and awards and honors related to dietetics education.
3. Three Reference letters, including one from a student. Provide the name, email, phone, and affiliation of the nominee in each of the three letters of recommendation.