RICHARD LANE/ROBERT HOLDEN PATIENT ADVOCACY AWARD

NOMINATION FORM

Nominee:

DEADLINE:  Friday, October 9, 2020 Midnight

Checklist

☐ Completed Nomination Form

☐ Two Letters of Support, which describe the achievements of the nominee

1.

2.

NOTES:
Richard Lane/Robert Holden Patient Advocacy Award
Nomination Form

Name of Nominee:  
Degree/License:  
Affiliation:  
Address:  
Country:  
Home Phone:  
Fax:  
E-Mail:  
Work Phone:  
Years in Field:  

Briefly explain the contributions that the nominee has made which have had significant impact on opioid treatment within his/her community. (if more space is needed, please attach a page to this form)

Note: Two letters of support must accompany this explanation of the nomination.

Current Position(s) held:

________________________________________________________________________________________

Most significant contribution to the field:

________________________________________________________________________________________

Other significant contributions:

________________________________________________________________________________________

Brief description of characteristics of the nominee:

________________________________________________________________________________________

Nominated by:  
Signature:  
Telephone No:  
E-Mail:  

Please mail to: edirector@methadone.org
DEADLINE: Friday, Midnight, October 9, 2020