



**Richard Lane/Robert Holden Patient Advocacy Award
Nomination Form**

Name of Nominee: _____ Degree/Licenses: _____

Affiliation: _____

Address: _____

Country: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____

Fax: _____ 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/achievements:

Brief description of characteristics of the nominee:

Nominated By: _____ Signature: _____

Telephone No: _____ E-mail: _____

CHECKLIST

- Completed Nomination Form
- Two Letters of Support which Describe the Achievements of the Nominee

Please E-Mail to edirector@methadone.org
DEADLINE: AUGUST 22, 2011