

## 2026 VASM Technologist Recognition Award Application

To be considered for the award the nominee must be a current VASM member in good standing. The VASM Award committee will review each application and the recipient will be notified by email.\* The VASM Board will present the award to the recipient at the annual VASM Conference in Richmond and it will be announced on the VASM website.

## **Application Process**

- 1. Submit the completed application along with:
  - a. A letter of recommendation from the applicant's employer
  - b. A typed signed statement about the technologist you are nominating and the reason(s) why you are nominating him/her. This letter should address not only their general duties, but also should discuss their: Exemplary moral character; Leadership in the profession; Demonstrated success in the profession; Service to the sleep community (VASM and non-VASM related service). (250 words or less)
- 2. The completed application must be received by the VASM <u>no later than November</u> **02, 2026.**
- 3. Send the required information to:

## **VASM Technologist Recognition Award Committee**

Virginia Academy of Sleep Medicine c/o Charis Deadwyler | Assistant Society Manager vasm@ramdocs.org

Please note: Applications with questions left unanswered will be deemed incomplete and will be eliminated automatically from consideration.

<sup>\*</sup>The winner will be notified as soon as possible to allow for arrangements to attend the annual meeting.

Virginia Academy of Sleep Medicine

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Name of Nominee:				Credentials:			
# of Years of Experience:							
CONTACT INFORMATION							
E-mail:							
Phone (h):							
Phone (m):							
Address:							
EMPLOYER INFORMATION							
Supervisor/Manager:							
Name of Employer:							
Street Address: City, State, ZIP:							
Phone Number			E-mail Address:				
NOMINEE INFORMATION							
First position in the field of sleep medicine was:							
Training in sleep technology has been on the job and/or program							_
Current position and responsibilities:							
<del></del>							
I know the nominee to have upheld the professional standards and ethics of the Virginia Academy of Sleep Medicine throughout his/her career.							
Signature of nominating person Date				NOMI	NOMINATOR NAME ——		
				NOM	NOMINATOR EMAIL		