



2024 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 **no later than October 1, 2024.**
3. Send the required information to:

VASM Technologist Recognition Award Committee

Virginia Academy of Sleep Medicine
c/o Susan McConnell | Society Manager
smcconnell@ramdocs.org

**The winner will be notified as soon as possible to allow for arrangements to attend the annual meeting.*

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



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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 <input type="checkbox"/> on the job and/or <input type="checkbox"/> _____ program			
Current position and responsibilities: _____ _____ _____			
I know the nominee to have upheld the professional standards and ethics of the Virginia Academy of Sleep Medicine throughout his/her career.		_____	
_____/_____ Date		NOMINATOR NAME	
Signature of nominating person		_____	
		NOMINATOR EMAIL	

