



## **2025 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 September 29, 2025.**
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](mailto: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:			
<b>CONTACT INFORMATION</b>			
E-mail:			
Phone (h):			
Phone (m):			
Address:			
<b>EMPLOYER INFORMATION</b>			
Supervisor/Manager:			
Name of Employer:			
Street Address: City, State, ZIP:			
Phone Number		E-mail Address:	
<b>NOMINEE INFORMATION</b>			
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.  _____/_____ Signature of nominating person                      Date		_____ NOMINATOR NAME  _____ NOMINATOR EMAIL	

