

**LOUISIANA SOCIETY FOR CLINICAL LABORATORY SCIENCE  
LSCLS STUDENT OF THE YEAR  
NOMINATION FORM**

**Purpose:** To recognize a student member of LSCLS who has demonstrated outstanding leadership and contributed to the growth and development of Clinical Laboratory Science.

**Eligibility:** To be eligible for this award, candidate must:

1. Participants may include individuals who have been enrolled in a NACCLS accredited MLS or MLT program at any time during the 12 months prior to the meeting or who are currently a student.
2. Be a current member of ASCLS or LSCLS.

**Judging:** will be based on:

1. Activities and contributions to the profession at the local, state, and national levels.
2. Activities and contributions to Student Forum.
3. Recruitment activities.
4. Professional honors.
5. Publications.
6. Other contributions to the profession.

**Award:** A plaque is presented to winner at Awards Ceremony.

**Procedure:** *The nominator is to complete the nomination form and forward it to Emilea Haddox at [haddox@ulm.edu](mailto:haddox@ulm.edu) by February 15th.* Ms. Haddox will then reach out to the nominee to complete the application. Deadlines must be met so decisions can be made and awards secured.

---

**LOUISIANA SOCIETY FOR CLINICAL LABORATORY SCIENCE**  
**LSCLS Student of the Year**  
**NOMINATION FORM**

I, \_\_\_\_\_, wish to nominate  
\_\_\_\_\_ for the LSCLS Student of the Year Award.

Please provide a brief description of why you feel your nominee is a candidate for the LSCLS Student of the Year Award.(150 typewritten words or less).

*Please provide the following information about your nominee so that we may contact them to provide their application packet:*

Email Address:

Phone Number:

*Please sign below and provide your email address and phone number.*

Nominator Signature \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_