

American Indian Advisory Council (AIAC) on Chemical Dependency Counselor of the Year Nomination Form 2018



Counselor of the Year Award:

This award is given annually at the Minnesota American Indian Institute on Alcohol and Drug Studies (MAIADS) conference. The award recognizes one or two licensed alcohol and drug counselors (LADC) or UMICAD who work directly with American Indian clients in the chemical health field. The recipient(s) will be chosen by the 10-member AIAC.

Who is eligible:	How to nominate:	What the awardee receives:
<ul style="list-style-type: none"> • Must be UMICAD certified and/or and LADC • Nominee must currently provide direct service to American Indian clients in the field of chemical health • Nominee must spend over 50% of his/her time working on chemical health issues directly with clients, families, or at-risk groups • Must have worked in the field of chemical health for at least five years • Must be American Indian 	<ul style="list-style-type: none"> • Complete this nomination form • In 1-page or less, tell us about the nominee: <ol style="list-style-type: none"> 1.) What gifts, skills, and qualifications make this person an outstanding chemical health counselor? 2.) Describe a time when the nominee went over and above the general duties of the job to assist a person. 3.) How does the nominee strive to impact the chemical health field? 	<ul style="list-style-type: none"> • Cash award (\$300) • Honor ceremony and gift • Recognition in Prevention Tracks • Picture and name on sign

Nominee's information:

Nominee's name: [Click here to enter text.](#)

Nominee's title: [Click here to enter text.](#)

Nominee's workplace affiliation and/or program: [Click here to enter text.](#)

Nominee's workplace address: [Click here to enter text.](#)

Nominee's phone number: [Click here to enter text.](#) E-mail: [Click here to enter text.](#)

Nominee's Licensed Alcohol and Drug Counselor (LADC) number: [Click here to enter text.](#)

Number of years in the chemical health field: [Click here to enter text.](#)

Short description of what nominee's job entails (1-2 sentences): [Click here to enter text.](#)

Nominator's information:

Name of person completing this form: [Click here to enter text.](#)

Nominator's phone number: [Click here to enter text.](#) E-mail: [Click here to enter text.](#)

Relationship to nominee: [Click here to enter text.](#)

Please submit completed forms by **July 1, 2018** to:

Roxanne DeLille

Fond du Lac Tribal and Community College

Mailing address: 2101 14th Street, Cloquet, MN 55720

Email: roxanned@fdltcc.edu

Phone: (218) 879-0890