|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nomination Form**  **POST Excellence in Training Award**  **Application for Nominees** | | | |  | | | [**POST Home**](http://www.post.ca.gov/)  [**California Home**](http://ca.gov/) | |
| [**Section 1 − Nominee**](#Section1)  [**Section 2 − Nominator**](#Section2)  [**Section 3 − Justification**](#Section3)  [**Section 4 − Documentation**](#Section4) | | | | |
| **Section 1. Nominee Information** | | | | | | | | | |
| **1. Award Category** (select one only) | | | **Individual**    **Lifetime**    **Organizational** | | | | | | |
| **2. Nominee** | | |  | | | | | | |
| **3. Title** (if applicable) | | |  | | | | | | |
| **4. Agency/Organization** (if applicable) | | |  | | | | | | |
| **5. Mailing Address** | | | Street |  | | | | | |
|  | | | City |  | | | | | |
|  | | | State |  | | | | | |
|  | | | Zip |  | | | | | |
| **6. Contact Numbers** | | | Voice | (     )     - | | | | | Ext |
|  | | | Cell | (     )     - | | | | | |
|  | | | Fax | (     )     - | | | | | |
|  | | | Email |  | | | | | |
| **Section 2. Nominator Information** | | | | | | | | | |
| **7. Name** | | |  | | | | | | |
| **8. Title** | | |  | | | | | | |
| **9. Agency/Organization** | | |  | | | | | | |
| **10. Mailing Address** | | | Street |  | | | | | |
|  | | | City |  | | | | | |
|  | | | State |  | | | | | |
|  | | | Zip |  | | | | | |
| **11. Contact Numbers** | | | Voice | (     )     - | | | | | Ext |
|  | | | Cell | (     )     - | | | | | |
|  | | | Fax | (     )     - | | | | | |
|  | | | Email |  | | | | | |
| **12. Department Head/CEO** | | | Name |  | | | | | |
|  | | | Title |  | | | | | |
| **13. Signature** | | **►** | | | | | | | |
|  | | Executive Signature ― **Required** | | | |  | Date | | |
| **Complete all remaining sections. Attach additional pages if needed.**  [**Section 3 − Justification**](#Section3)  [**Section 4 − Documentation**](#Section4)  [**How to Submit**](#Submit) | | | | | | | | | |

| **Nomination Form: POST Excellence in Training Award**  **Application for Nominees** | |
| --- | --- |
| [**Section 1 − Nominee**](#Section1) [**Section 2 − Nominator**](#Section2) [**Section 3 – Justification**](#Section3) [**Section 4 − Documentation**](#Section4) | |
| **Section 3. Justification for Nomination ― REQUIRED** | |
| **14. Describe the individual’s or organization’s purpose and training responsibility.** | |
|  | |
| **15. Describe the nominee’s overall achievement.** | |
|  | |
| **Section 3. Justification for Nomination *continued*** | |
| **16. Give explanations for each of the following three criteria to support your nomination.** | |
| **a) Innovation** | |
|  | |
| **b) Impact** | |
|  | |
| **c) Reputation/Recognition** | |
|  | |
| **Section 4. Support Documentation ― REQUIRED** | |
| **17. Provide a brief list of any supporting documents included with this application.** | |
|  | |
| **To complete your application:**  1) Make sure you have filled in all applicable sections.  2) Print and sign form.  3) Attach all supporting documents.  4) Send your completed application to: | |
|  | **Excellence in Training Screening Committee**  **c/o California POST**  **Executive Office**  **860 Stillwater Road, Suite 100**  **West Sacramento, CA 95605** |
| Application questions: 916.227.3935 ― Jim Grottkau | |

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