



ISAAC FELLOWSHIP NOMINATION FORM

Nominator (include contact information)

1. Name of Nominee: _____

2. Address: _____

3. Tel (day): _____

Email: _____

4. Affiliations: _____

5. Current Employment: _____

6. Does applicant hold any other Fellowship? Yes No

a) Which organization? _____

7. Member of ISAAC since _____

8. Involvement in ISAAC (describe):

a) International:

b) Chapter:



b) ISAAC Awards Received:

9. Advancement of AAC:

a. Clinical (describe):

b. Publications (attach list):

c. Mentoring/Teaching (describe):

10. Other activities that further ISAAC's mission (describe):

11. Personal qualities that support this nomination (describe):

12. Referees (please submit names and contact information for two people who support this application in addition to the Nominator):

1) _____

Phone: _____ Email: _____

2) _____

Phone: _____ Email: _____



NOTE:

Please also include:

1. Current curriculum vitae, which should include a record of activities within ISAAC and within the field of AAC;
2. A personal statement from the nominator (not more than 500 words) as to why the nominee is recommended for Fellowship.

Email all of the above information along with a completed Nominations Form to:

ISAAC International Office heather.stonehouse@isaac-online.org