 

**CAREstream Award**

Volunteers play a very important role in our College and in our profession. This award will be presented to an RRT in Saskatchewan who demonstrates service and excellence in respiratory therapy. It is sponsored by CAREstream Medical Ltd. and the recipient will receive the following award:

* A plaque chosen and paid for by CAREstream.
* A $250 Award provided by CAREstream.
* The recipient’s 2019 SCRT conference fee paid for by CAREstream.
* The recipient’s 2020 SCRT licensing fees paid for by CAREstream.

**Who is eligible?**

Any member who is in good standing with the College and who is not a current Council member is eligible. This recipient may be nominated by any member of the SCRT, the SCRT Council and the public. This member will have volunteered their time and service to the respiratory therapy profession on an ongoing and active basis for which no payment is received.

**How do I nominate someone?**

A Nomination Form is required and is attached to this document. Please complete the Nomination Form and return it to the SCRT by mail, fax or email.

**When is the deadline for nominations?**

Please send your completed Nomination Form to the SCRT by **Friday, July 19th, 2019**.

**How are recipients selected?**

Completed Nomination Forms will be reviewed by SCRT Council and then voted on by Council. The nominee receiving the majority vote will be the recipient of the CAREstream Award.

**How is the Award presented?**

The CAREstream Award will be presented to the recipient by a CAREstream representative at the annual Saskatchewan Respiratory Therapy Conference.

 

**CAREstream Award Nomination Form**

***Deadline for nominations is Friday, July 19, 2019***

***Please email your form to info@SCRT.ca***

**NOMINATOR:**

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINEE:**

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please let us know what makes this Nominee “Excellent”. List any details and examples of their volunteer service and time given that will help us in our decision.