**Clinical Stars Award**

**Nomination Form**

This award is given to honor a midwife in clinical practice for 25 or more years who is a member of ACNM. There is no limit to the number of awards given annually and they may be given at any time of the year. Local groups are encouraged to have a celebration and send out press releases as a way to honor the awardee and to publicize midwifery.

 **Eligibility Requirements:**

• CNM/CM with a minimum of 25 years of clinical practice. Practice may be intermittent but must total 25 years. Practice can be in any area of midwifery, including midwives in partial-scope or part-time practice. Academic time can only be considered if the midwife was practicing clinically 100% of the time, for example as a clinical preceptor.

• Certified by ACNM/AMCB in good standing.

• Member of ACNM (any category)

• Evidence of excellence in clinical practice and positive mentoring of CNM/CM’s in the profession.

**Instructions:**

1. Nominations may come from anyone: consumer, colleague, practice or the State Affiliate
2. Complete the information below
3. Include two letters of recommendation that address excellence in clinical practice and mentoring of CNM/CMs. Letters can come from individuals who have known the nominee at any time in her/his career.
4. Include the resume of the nominee
5. Send these to your regional representative for review and verification of ACNM membership
6. Please indicate if you are planning an event around the presentation of this award (the nomination should be sent in 6-8 weeks before the event)
7. The recipient will receive a certificate and a lapel pin.

**Nominee Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (as it will appear on the certificate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACNM Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year ACNM/AMCB Certified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominator Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Event Information**

Is a special event planned for this award? Yes\_\_\_\_ No\_\_\_\_ If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_