

# PAUL KAHN AWARD FOR PCA SERVICE 2017 NOMINATION FORM

*(You must complete the entire form.)*

Name of Person Making the Nomination \_\_\_\_\_

Relationship to PCA \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of PCA Being Nominated \_\_\_\_\_

Number of Years Working as a PCA \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

1. Tell us how the PCA has shown dedication to a consumer and to PCA work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Tell us how the PCA has helped, trained, or recruited other PCAs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What has the PCA done to enhance the value or the image of PCA work? Please include any other information that you believe is relevant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SEND THIS FORM TO:**

**MAIL:** PCA Workforce Council  
600 Washington Street, Room 7264  
Boston, MA 02111

**FAX:** 617-210-5452

**EMAIL:** [pcacouncil@state.ma.us](mailto:pcacouncil@state.ma.us)

**Submit additional pages if needed. Nominations must be received by August 7th, 2017.**