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**Robert J. Flynn Award**

**Dedicated service to CBAALAS and AALAS**

The Awards Committee is soliciting nominations for the Robert J. Flynn Award. The award includes a plaque. The purpose of the award is to:

1. Recognize outstanding contributions to laboratory animal science through active participation in CBAALAS and AALAS.
2. Encourage individuals to actively contribute to both CBAALAS and AALAS.

**Nominees for this award must meet the following eligibility criteria:**

1. Must have current memberships in both CBAALAS and AALAS, with a minimum of 5

years of experience in the laboratory animal field.

2. Must have made active contributions to both CBAALAS and AALAS.

3. Must have contributed to the recognition of the Chicago Branch in the National

Association through activities such as, but not limited to, serving on the CBAALAS

Council, AALAS Board of Trustees, or National AALAS Committees.

4. Must be nominated by a colleague. Self-nominations are not accepted.

**The following items must be received as one nomination packet by no later than**

**December 6, 2024.**

1. Completed nomination form.

2. Nomination letter written by the colleague nominating an individual for this award.

3. Nominee’s resume.

4. A **minimum of one and a maximum of three** letters of support (in addition to

nomination letter).

The CBAALAS Awards Committee will review the nominations and select the winner on the basis of merit. Nominations received after December 6, 2024 will not be eligible for consideration.

**Pre-Submission Checklist**

Review all your documents carefully and fill in the checklist below to ensure your packet is complete prior to submitting the nomination. This will also help the Awards Committee to confirm they have received all of the documents you intended to include in the packet. Nominations that are received after December 6, 2024 or that do not include all required items will not be accepted.

***Required Items:***

The nominee meets all eligibility criteria.

The nomination form has been filled out and attached.

A nomination letter written by the colleague nominating an individual for this award.

Nominee’s resume.

A **minimum of one and a maximum of three**letters of support (in addition to

nomination letter).

How many letters of support are attached?  1  2  3

Have all the authors of letters of support provided their contact information in their letters?

Yes  No

If no, please provide the missing contact information here:

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |
| Name: | Phone: | Email: |

**Return completed nomination packet by December 6, 2024 to:**

Cara Strathmann

Email: [CHatten@northshore.org](mailto:CHatten@northshore.org)

If you do not receive a confirmation that your packet was received please call Cara at 224-364-7979.

**Please send the nomination form and ALL supporting documents as one package. Whenever possible please scan all documents and email as one attachment per nominee.**

**Robert J. Flynn Award Nomination Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee: | | Phone Number: | |
| Institution: | Email Address: | | |
| Number of years in laboratory animal science (Min. 5 years required): | | | |
| Does nominee hold a current CBAALAS membership?  Yes  No (Ineligible for award) | | | |
| Number of years nominee has been a member of CBAALAS: | | | |
| Number of years nominee has been a member of AALAS: | | | |
| Highest education level achieved: | | | |
| Highest AALAS certification achieved: | | | |
| If nominee is selected for this award is he/she interested in being featured in the Member Spotlight section of the CBAALAS newsletter with a photo and Q&A session?  Yes  No | | | |
| Describe activities/contributions to CBAALAS: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Describe activities/contributions to National AALAS: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Please describe other relevant experience (e.g. public outreach, etc) | | | |
| Publications, presentations, awards: | | | |
| Nomination submitted by: | | | Date: |
| Email Address: | | | Phone Number: |