1. Please complete the application completely.	
1. Submitted by:	
* 2. Please enter the Management Award candidate information:	
Name	
Company	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Email Address	
Phone Number	
3. Is the candidate a current Academy member?	
Yes	
○ No	
4. Candidate's Academy membership number:	
5. Please upload the candidate's CV here.	
Choose File	
6. Please enter the education information:	
Highest degree completed	
Date of highest degree	
completed	
Institution	
City/State	

Nominees should meet the following criteria:

- Is a Registered Dietitian/Registered Dietitian Nutritionist who is an active member of the Washington State Academy and has completed a minimum of five years in the practice of management, business or consultant dietetics.
- Has demonstrated leadership in the Academy/Washington State Academy and/or other professional associations related to management of food service and nutrition care services, business and/or business-related dietetics.
- Has demonstrated leadership in: a) establishing and participating in innovative approaches to the management of food and nutrition support/care services; and/or b) teaching others about management of food and nutrition support/care services; and/or c) demonstrated commitment to dietetics-related business(es).
- Has presented one or more talks, seminars or other educational events concerning management or the business of food service and nutrition care services to a professional group and/or has published one or more peer reviewed articles or other peer reviewed publications concerning management and/or the business of food service or nutrition care services
- 1. Describe your qualifications related to:

4. Describe your qu	nalifications related to:
management or the group and/or has p	te or more talks, seminars or other educational events concerning to business of food service and nutrition care services to a professional sublished one or more peer reviewed articles or other peer reviewed raning management and/or the business of food service or nutrition care
5. Please add any o	ther information that supports the nomination for the Management-
Business-Consulting	g Excellence Award
6. Please upload a 1	recommendation letter here.
Choose File Cho	No file chosen
7. Please submit in sent to your employ	formation regarding your employer (if you are selected, a letter will be yer).
Supervisor Name:	
Supervisor Title:	
Organization:	
Address:	
Email Address:	
L	