

TEXAS ASSOCIATION OF LEGAL PROFESSIONALS

LEGAL PROFESSIONAL OF THE YEAR

NOMINATION FORM

NAME: _____

ADDRESS: _____

LOCAL CHAPTER: _____ PHONE: _____

DATE: _____ DATE RECEIVED BY CHAIRMAN: _____

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A. EDUCATION AND CERTIFICATION

Education:

1. High School: _____

Number of Years: _____

2. Business/Secretarial School, Junior College, College or University:

No. of Years: _____ Degree(s) Obtained: _____

3. Has nominee received PP certification?

Yes _____ No _____ Date Certified: _____

4. Has nominee received PLS certification?

Yes _____ No _____ Date Certified: _____

5. Has nominee received ALS certification?

Yes _____ No _____ Date Certified: _____

6. Has nominee received Specialty Certification designation?

Yes _____ No _____ Date Certified: _____

7. Has nominee completed a legal professionals course sponsored by a professional association, business/secretarial school, college or university?

Yes _____ No _____

If yes, name of course, sponsor, and date of completion: _____

8. Has nominee received any other certification?

Yes _____ No _____

Date Certified: _____ Name of certification: _____

B. LEGAL SKILLS AND EXPERIENCE

NAME OF EMPLOYER	POSITION HELD	DATES OF EMPLOYMENT	NUMBER OF YEARS
TOTAL YEARS OF EXPERIENCE			

C. SPECIAL HONORS EARNED

Honor(s) received, including date(s).

D. SERVICE TO NATIONAL, STATE AND LOCAL ASSOCIATIONS

Date of affiliation as member: _____

Name and location of local Chapter: _____

ASSOCIATION	ELECTED OFFICES	APPOINTED OFFICES/COMMITTEE CHAIRMANSHIPS
Local		
State		
National		

E. OPTIONAL INFORMATION

Membership in other organizations (including dates of active participation and offices held):

F. NOMINEE NARRATIVE:

In the space provided below, please describe, **in 300 words or less**, your job description, including the duties you like best and the duties you like least.

G. COMMENTS BY YOUR PRESENT EMPLOYER (not to exceed 300 words):

(Employer's Signature)

H. COMMENTS BY LOCAL CHAPTER OR NOMINATING MEMBER (not to exceed 300 words):

NOMINEE:

Nominee's Signature

Printed Name of Nominee

IF NOMINATED BY MEMBER:

Nominating Member's Signature

Printed Name of Nominating Member

Local Chapter of Nominating Member

Address of Nominating Member

Email of Nominating Member

IF NOMINATED BY LOCAL CHAPTER:

Local Chapter Name

Local Chapter Officer's Signature

Printed Name of Local Chapter Officer

Address of Local Chapter Officer

Email of Nominating Chapter Officer

NOTE: Before submitting this nomination form, please check it over carefully to be sure it is in conformance with the Texas ALP Official Rules and Regulations. Nominations not conforming with the Official Rules and Regulations will be disqualified.

Nominations must be submitted by the local chapter or nominating member on the Texas ALP Nomination form. Please submit an original and one copy.

Nominations must be hand delivered to the Awards Chairman by no later than February 1 or postmarked by the United States Postal Service on or before February 1 or validated by an overnight delivery service that such parcel was placed in such service's depository on or before February 1 and received by the Awards Chairman on or before February 10.

Nominating local chapter or nominating member should send an email to the Awards Chair stating the Texas ALP Nomination form has been sent in accordance with the Guidelines and Rules. Once the Awards Chair has received the TALP Nominating Form she will confirm receipt via email to the nominating local chapter or the nominating member.

No testimonial or other supporting documents will be considered.

DEADLINE: FEBRUARY 1, 2010

RETURN COMPLETED NOMINATION FORM TO:

Cynthia Barrett, PP, PLS, TSC
16615 North Meadow Dr.
Houston, Texas 77073
Home: (281) 443-0506
Email: cellisbarrett@yahoo.com