

Certificate of Meritorious Service Nomination

The Certificate of Meritorious Service will be presented for special contributions to CAPPa or to the physical plant profession.

- Eligibility is open to all categories of affiliation within CAPPa Institutional Representatives, Associates, Affiliates, Business Partners, Emeritus, Retired, and Honorary members, and such additional categories as may be established in the future. By special authorization of the Executive Committee, certificates may be presented to any other person.
- A maximum of three certificates may be presented each year except by special authorization of the Executive Committee.
- There is no limitation on the number of times this award may be presented to any individual, including to recipients of the Distinguished Member Award, provided subsequent awards are based on new criteria which were not considered in previous presentations of the Certificate of Meritorious Service or the Distinguished Member Award.
- Selections of recipients will be based on the following criteria, listed in relative order of priority.

Examples:

Service in the administration of CAPPa in either an elective or appointive office.

Service to the membership and contributions to the profession through writings, service on faculties of educational events of CAPPa, APPa, state organizations, and other professional organizations.

Service in the organization and administration of state or other chapter organizations.

Name of Nominee: _____

Number of Years as CAPPa Member: _____

Job Title: _____

Name of Institution: _____

List any CAPPa position(s) and/or office(s) the nominee has held:

Office: _____

Office: _____

Office: _____

Service to the membership and contributions to the profession through writings, service on faculties of educational events of CAPPa, APPa, and state organizations:

Service in the organization and administration of state or other chapter organizations:

In what other facilities-related organizations has candidate served?

Briefly state how this candidate has contributed to the growth and professionalism of the facilities management profession:

Please complete information on person submitting this application:

Name of Submitter: _____

Job Title: _____

Name of Institution: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Please submit completed application to:

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