Pinnacle Award Nomination Form

Respiratory Therapy Society of Ontario

Société de la Thérapie Respiratoire de l' Ontario

P.O. Box 30007, RPO Montrose, Niagara Falls, ON L2H 0C1
Tel: 905-371-8985 or 1-877-897-1474 | Fax: 905-371-9283 | E-mail: office@rtso.ca
www.rtso.ca

Nominee	
Address	
Nominator Name	
Nominator Signature	
Position	
Hospital/School/Company	
Telephone	
Email	

Justification:
Please use this space to outline reasons why you feel this member is a suitable candidate for this award.
Provide examples to illustrate your points (the back of this page may be used if additional space is required)

Nomination Supported by (Please print & Sign)

Name	
Signature	
Hospital	
Position	

Note: Nominee, Nominator and Seconder **MUST** be members in good standing with the RTSO and CRTO.