

**CERTIFIED ATODA  
PROFESSIONAL OF THE YEAR  
AWARD**

We invite all IAODAPCA members to nominate their most deserving colleagues for this annual award of Professional of the Year. The efforts and achievements of Certified Professionals should be recognized. All IAODAPCA Certified members are eligible to be entered in the selection process.

The criteria for selection is as follows:

1. The candidate must be certified and in good standing with IAODAPCA.
2. The candidate must have demonstrated an outstanding contribution to the ATODA field in Illinois.
3. The candidate must currently be working in, or retired from, the social service field.
4. This individual may have worked in direct service, administration, or education.
5. Staff and employees of IAODAPCA are not eligible.

**ATODA VOLUNTEER  
OF THE YEAR  
AWARD**

We invite all IAODAPCA members to nominate their most deserving community volunteers for this annual award. The efforts and achievements of Volunteers in the ATODA field should be recognized. All community volunteers who work in the ATODA treatment and/or prevention field are eligible to be entered into the selection process.

The criteria for selection is as follows:

1. The candidate must have demonstrated their dedication to the cause of ATODA treatment/prevention.
2. The candidate must have brought public attention to the need for ATODA treatment/prevention services.
3. The candidate must have demonstrated their willingness to advocate for treatment/prevention services in their community.
4. The candidate must have demonstrated a personal commitment to helping people in their community.

**Please fax or send your nominations delineating why you feel your nominee should be selected, to:**

**Jessica Hayes  
IAODAPCA, Inc.  
401 E. Sangamon Avenue  
Springfield, IL 62702**

**Fax: 217-698-8234 or E-mail: [info@iaodapca.org](mailto:info@iaodapca.org)**

**NOMINATIONS NEED TO BE RECEIVED BEFORE February 15, 2010**

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All too often we only hear about the problems with our field and complaints about our colleagues and bosses. Here is an opportunity to do something positive and recognize all the hard work, skill, and dedication that's out there.

(Please indicate which award, and copy if you wish to make nominations for more than one category)

- Professional of the Year Award  
 Volunteer of the Year Award

Nominee's Name \_\_\_\_\_

Nominee's Organizational Affiliation/Employer \_\_\_\_\_

Nominee's Qualifications: (attach separate sheet if additional space is needed)

Your Name \_\_\_\_\_

Your Address/Telephone: \_\_\_\_\_