

**TEXAS ASSOCIATION OF LEGAL PROFESSIONALS
LEGAL PROFESSIONAL OF THE YEAR**

NOMINATION FORM

NAME: _____

ADDRESS: _____

LOCAL CHAPTER: _____ PHONE: _____

DATE: _____ DATE RECEIVED BY CHAIR: _____

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A. EDUCATION AND CERTIFICATION

Education:

1. High School: _____

Graduation Date: _____

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

Graduation Date: _____ Degree(s) Obtained: _____

3. Has the nominee received PP certification?

Yes _____ No _____ Date Certified: _____

4. Has the nominee received PLS/CLP certification?

Yes _____ No _____ Date Certified: _____

5. Has the nominee received ALP certification?

Yes _____ No _____ Date Certified: _____

6. Has the nominee received a Specialty Certification designation?

Yes _____ No _____ Date Certified: _____

7. Has the nominee completed a legal professional 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 the 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	NO. 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. (If you need additional space, please attached your narrative behind and mark appropriately – **F. Nominee Narrative**.)

G. COMMENTS BY YOUR PRESENT EMPLOYER (not to exceed 300 words). (If you need additional space, please attached comments behind and mark appropriately - **G. Comments by Your Present Employer.**)

(Employer's Signature)

H. COMMENTS BY LOCAL CHAPTER OR NOMINATING MEMBER

(not to exceed 300 words). (If you need additional space, please attached your comments behind and mark appropriately - **H. Comments by Local Chapter or Nominating Member.**

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 to 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 Chair by no later than February 13 or postmarked by the United States Postal Service on or before February 13 or validated by an overnight delivery service that such parcel was placed in such service's depository on or before February 13 and received by the Awards Chair on or before February 20.

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 Texas ALP 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 13, 2018

RETURN COMPLETED NOMINATION FORM TO:

Linda Rodriguez
c/o Fitzgerald & Meissner
812 San Antonio Street, Suite 400
Austin, Texas 78701
512-474-4700
msrod@austin.rr.com