



**Harvey W. Wiley Award  
Nominating Form**

**TO: Chair, Harvey W. Wiley Award Committee  
AOAC INTERNATIONAL  
2275 Research Boulevard, Suite 300  
Rockville, Maryland 20850-3250**

I hereby submit to you the following nomination for the Harvey W. Wiley Award.

**1. Name of Candidate:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**2. Home Address:** \_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)

\_\_\_\_\_  
(PHONE) (FAX) (E-MAIL)

**3. Business Address:** \_\_\_\_\_  
(AGENCY OR FIRM)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)

\_\_\_\_\_  
(PHONE) (FAX) (E-MAIL)

**4. Present Position:** (Brief description of job, duties, and responsibilities.)

**5. Education:**

College or University

Degree

Graduation Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **Professional Career:** (Describe briefly, yet thoroughly, in chronological order places and nature of work and major accomplishments.)
7. **Memberships in Professional and Nonprofessional Societies, Clubs and Other Organizations:**
8. **Honors Received for Professional Work:**
9. **Concise description of contributions and work toward analytical methodology in areas of interest to the Association to be considered for the Award:** (Include nature, purpose, and results of candidate's work. (Contributions are not restricted to those given to the Association.)
10. **Appraisal of candidate's contribution to the advancement of analytical methodology:** (Appraisal should spotlight and evaluate contribution of particular significance, and should add to information already given.)
11. **Referred Publications, books and patents: (Restrict to ones of most relevance to question #9 above).**
12. **(Attach a curriculum vitae for the candidate. Also attach additional sheets, if needed, for any of the above items)**
13. **Optional: You may provide up to 2 letters of recommendation of support from professional peers for this nomination.**

Submitted by:

\_\_\_\_\_ (SIGNATURE) (DATE)

\_\_\_\_\_ (NAME, TYPE OR PRINT)

**Address to be used for correspondence:**

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(AGENCY OR FIRM)

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(STREET ADDRESS)

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(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)

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(PHONE)

(FAX)

(E-MAIL)

**Revised and approved 9.24.2017**

<b>For AOAC office use only:</b>	<b>Date Received:</b>	<b>Eligibility Renewal Date:</b>
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September 2017