

INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

INSTRUCTOR OF THE YEAR AWARD

Complete and return this form and all requested supporting documents to the Director of Professional Development, 314 West 10<sup>th</sup> Street, Kansas City, Missouri 64105-1616 USA.

**Full Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Fax No.** ( ) \_\_\_\_\_ **Phone No.** ( ) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Where are you employed** \_\_\_\_\_

**Circle one:** **In-State Instructor** \_\_\_\_\_ **National Instructor** \_\_\_\_\_

**List the IAAO Courses you Instruct** \_\_\_\_\_

\_\_\_\_\_

**List the IAAO Workshops you Instruct** \_\_\_\_\_

\_\_\_\_\_

**Professional Organization's of which you are a member**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List the courses you have taught in the last three years** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application submitted by** \_\_\_\_\_

**Address/ Phone:** \_\_\_\_\_

\_\_\_\_\_

**IAAO Member No.** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

Office Use

**Date nominee notified of nomination and Essay Questions Sent** \_\_\_\_\_