

# Behavioral Health Professional

## NOMINATION FORM

Does someone (case managers, janitors, clinicians, **anyone**) at your agency go above and beyond in their work?  
Nominate them for Behavioral Health Professional of the Quarter!

Please fill out the information below and send this completed form to the Manager of Marketing and Communications, Kaylee Smith, at [ksmith@wcadmh.org](mailto:ksmith@wcadmh.org). If your nominee is selected, they will receive a gift from the WCADAMHS Board!

*Note: Winners of the quarter will be entered into the pool of selection for Behavioral Health Professional of the Year - named at our Annual Gratitude Gala.*

What is the name of your nominee?

What agency is your nominee with?

What makes this person Behavioral Health Professional of the Quarter to you?

What is your nominee's email:

In your opinion, what would make for a good prize for your nominee?

What is your email:

Would you like to be notified if your nominee wins?



Thank you!