

**NCBA / Kevin Scoggin Biomedical Shop Recognition Program**  
**Submission / Nomination Form**

**General Information**

Name of NCBA Member Submitting Nomination:

Contact Telephone Number:

Email Address:

**Shop Specific Information**

Facility Name:

Department Name:

Biomedical Shop Manager:

Name of assigned staff (if known):

**Nomination Specific Details**

Please detail below why you believe this shop / manager are deserving of recognition?

Please submit all nominations to [bod5@ncbiomedassoc.com](mailto:bod5@ncbiomedassoc.com)

All submissions will be reviewed by the NCBA Board of Directors. The Board will vote on and select the winner from the submitted nominations at the NCBA Board of Directors Meeting.