

**Virginia Association of  
CardioVascular & Pulmonary Rehabilitation**



**Above and Beyond Award  
Nomination Form**

**Objective:** To recognize a VACVPR member that has gone above and beyond in the field of cardiopulmonary rehabilitation.

**Requirements:** Nominee must be a VACVPR member to be considered for this award and board members are not eligible.

Name: \_\_\_\_\_ VACVPR Member \_\_\_yes \_\_\_no

Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Number of Years in Cardiac/Pulmonary Rehab: \_\_\_\_\_

Why should this individual be chosen to be awarded this scholarship?  
(Attach paragraph if space provided is not enough)

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Name of Individual Completing this form: \_\_\_\_\_

Relationship to Nominee \_\_\_\_\_

Please provide your contact information: phone number \_\_\_\_\_

Email address \_\_\_\_\_

Please send your nomination by January 16, 2015 to:

Mary Davis, Nominations and Elections

[MRD8S@virginia.edu](mailto:MRD8S@virginia.edu)