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|  | *Montana Association* of *School Psychologists* |

# Montana Established Practice Award

## Nominee Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Position: |  |

|  |  |
| --- | --- |
| Place of Employment: |  |
| 1. Current Member of MASP in good standing? | YES[ ]  | NO[ ]  |  4. Have you worked in more than one school  district or cooperative in Montana? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. Current Member of NASP? | YES[ ]  | NO[ ]  | 5. Have you worked as a school psychologist for 5 or more consecutive years in the state of Montana? | YES[ ]  | NO[ ]  |
| 3. Are you currently a full-time school psychologist? | YES[ ]  | NO[ ]  |  |  |  |

If you answered yes to question 4, please list your place(s) of employment in Montana in chronological order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School District/Coop Name: |  | Years of Consecutive Service: |  | Dates of Employment: |  |
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| School District/Coop Name: |  | Years of Consecutive Service: |  | Dates of Employment: |  |

## Validation Statement

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| --- |
| *The information contained in this application form is true to my knowledge. The copies of all enclosed materials are true to the original documents. I am aware that any lack of evidence or compromised integrity of the provided documents will entail the immediate invalidity of this application. I declare the foregoing is true and correct and will provide further documentary evidence, if required upon request.*Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Impact Statement

Please answer the following prompt in no more than a page about your work experiences.
*From your perspective, how have you made an impact on students, families, and schools in Montana?*

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