**Mentoring Award**

**Goal of the Award**

\*Recognize an individual who has been instrumental in teaching and mentoring food service managers, registered dietitian nutritionists, nutrition and dietetic technicians, or food service employees in the workplace.

\*Highlights the importance of nutrition and health in their organization.

\*Maintains professionalism in business practices.

\*Promotes safety and sanitation practices in the workplace.

**Who Can Be Nominated?**

Nominees should be individuals who are dietitians, physicians, business managers, professors, etc. who may or may not be KSAND members. Entries will be evaluated by a committee of KSANDF. The recipient will be notified in writing and the award announced at the spring Kansas Academy of Nutrition and Dietetics meeting on April 12, 2019 in Manhattan, Kansas. The recipient will receive an award, statewide recognition, and a complimentary meal at the Awards ceremony.

**Instructions:**

Please submit a description of the reason you are nominating this individual and their practices that align with the award goals as stated above.

Use the following form to describe any special programs, services, etc. provided by the mentor that have made a significant impact on you and your career in 1-2 paragraphs. If possible, send photos of your nominee in the work environment.

Mail or e-mail the application form with the signature of the person making the nomination.

**DEADLINE: ALL ENTRIES MUST BE RECEIVED BY MARCH 1, 2019**

Email entries to [sbecker@prmc.org](mailto:sbecker@prmc.org) Questions? Call 620-672-1425

or Mail entries to: Stephanie Becker, RDN, LD

KSANDF Awards Chair

1003 Sunny Lane

Pratt, KS 67124

**Sponsored by the Kansas Academy of Nutrition & Dietetics Foundation**

**Mentoring Award Application**

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe the nominee’s work background and experience:

2. Describe the characteristics that make your nominee a good mentor:

3. What impact has this person had on KSAND and the future of dietitians?

4. Has the nominee provided any special programs or services that have signifiantly impacted you and your career?

Nominating Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KS License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KSAND Member? Y N