

**Kansas Academy of Nutrition and Dietetics Foundation 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 may or may not be individuals who are not members of the KSAND (physicians, business managers, professors, etc.) 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 March 26-27, 2020 in Wichita Kansas. The recipient will receive a plaque and 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 February 23, 2020**

**E-mail entries to:** taylorjohnston44@gmail.com ***OR***

**Mail entries to: Taylor Hall, KSANDF Awards Chair**

 **5126 Rosewood Drive, Roeland Park, KS 66205**

**KSANDF Mentoring Award Application**

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

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 impacted you and your career?**

**Nominating Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KS License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KSAND Member? Y N**