



**WISCONSIN VETERINARY PRACTICE MANAGERS ASSOCIATION, INC**

Promoting Excellence in Leadership

**2009 Nomination Form  
Practice Manager of the Year**

Please complete this form and submit it by July 15, 2009 to:  
Josette Svitter, Chair of WVPMA Nomination Committee, P.O. Box 439, Plymouth, WI, USA 53073  
Fax: 920-892-2643 Email: Josette@kmvcvets.com

Name of nominee: \_\_\_\_\_ Title: \_\_\_\_\_  
Practice: \_\_\_\_\_ Years in current position: \_\_\_\_\_

Describe two major accomplishments that this candidate has achieved at your practice and describe how those accomplishments have positively impacted your practice.

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Describe this nominee's participation in community service or public education as it relates to veterinary medicine and/or animal welfare:

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Feel free to attach any additional information or a personal statement that may help identify this nominee as a worthy recipient of this award.

**CERTIFICATION STATEMENT**

*I certify that I am the employer of the nominated individual. I certify that I have completed this document accurately and truthfully. I certify that this individual is recognized in our practice as exhibiting a strong work ethic, setting an example for professionalism and dedication and having achieved excellence in leadership.*

\_\_\_\_\_  
Signature of employer/nominating party

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

Please provide your phone number and email address so that we may contact you if necessary in regards to this nomination.

Phone: \_\_\_\_\_ email: \_\_\_\_\_