

DEADLINE: Wednesday, April 15, 2026

DESCRIPTION OF AWARD

This award recognizes the contributions of **non-psychologists** who have made a valuable contribution to the community in a health and wellness setting or through raising awareness or advocating for mental health and wellness issues. The recipient is a non-Psychologist or a community-based organization, who will receive an award of \$1,000 which may be donated to the recipient's preferred charity.

Nominations may come from psychologists, health professionals or community organizations. Each individual or organization may nominate only one person annually for this award. The award is given based on the following criteria:

- Reason(s) for the nomination as given by the nominator in the nomination materials
- Depth of description as given by the nominator in the nomination materials
- Examples of relevant community work
- Demonstrable results of the contribution
- Supporting evidence to the above from relevant organizations or individuals.

NOMINATION FORM

1. REASONS FOR THE NOMINATION

Please use the following as a guide, supporting your statements with concrete examples. Whenever possible please list in point form. Please complete this form (below) plus up to two pages of description based on the following.

- Relationship to (their organization, co-worker or peer, healthcare professional, etc.) and knowledge of the Nominee including knowledge of Nominee's contributions.
- Explain reasons that Nominee should get this award.
- Explain how the Nominee has exhibited a commitment to mental health and wellness in their community.
- List specific achievements, or honours /awards the Nominee has received that are relevant to this award.

2. PLEASE LIST OTHER ACCOMPANYING DOCUMENTS: *(optional)*

Please note: All documents that accompany this form (e.g., CV, certificate, media, etc.) must be described under the above listed criteria.

3. NOMINEE CONTACT INFORMATION:

Name _____ Phone _____

E-mail _____

4. NOMINATOR CONTACT INFORMATION:

Name _____ Organization _____
(if applicable)

Phone _____ E-mail _____

Signature: _____

HOW TO SUBMIT:

Please send the nomination form and any accompanying materials by e-mail to apns@apns.ca Please indicate any documents which cannot be sent electronically that will follow by regular mail.

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Nominations & Elections Committee, Association of Psychologists of Nova Scotia (APNS)

5657 Spring Garden Rd., Suite 604, Halifax NS B3J 3R4

apns@apns.ca

APNS strives to foster a sense of community among all who identify with psychology by supporting inclusion, equality and celebrating diversity. We welcome nominees who indicate that they identify as Indigenous People, African Nova Scotians and other racially visible persons, persons of the 2SLGBTQIA+ community, persons with disabilities and genders in occupations or positions where they are under-represented.