

Your (Nominator) Name:

Name of Candidate:

2012 Recognized Young Dietitian of the Year (RYDY) Maryland Nomination Form

The purpose of the RYDY program is to recognize the competence and activities of younger dietitians in the Academy of Nutrition and Dietetics and to encourage their continued participation in association affairs. This group will be an additional resource from which the leadership of the Association will develop both at the district, state, and national levels.

The maximum number of RYDY per affiliate, per year, is based on the number of districts. An affiliate may choose one RYDY from each district, but may not have more than one in a district.

Criteria for Selection of RYDY

1. *Member of the Academy of Nutrition and Dietetics*
2. *Age limit as of **May 1** deadline, 35 years or younger.*
3. *Active participation in the national, state, or district association.*
4. *Is a Registered Dietitian*
5. *Not previously selected as an RYDY.*
6. *Demonstrated concern for the promotion of optimal health and nutritional status of the population.*
7. *Demonstrated leadership, e.g., in legislation, research, education, management, etc., either in the Association or employment.*

Instructions for Submitting Nominations:

Please complete and submit the following items:

- *Maryland Dietetic Association 2012 Nomination Form*
 - *And 2 letters of support outlining the basis for the nomination and how the candidate has met the award criteria*
- *Candidate's resume or curriculum vitae*

It is preferred for nomination materials to be submitted in a single electronic transmission. Please put the name of the award as the Subject Heading)

- *Please note that nominated individuals may be contacted for additional information*

Completed nominations can be submitted to Jessica Kiel, President-Elect at JKiel@choosemedifast.com or JessicaKiel@hotmail.com

RYDY Date Submitted:

Your (Nominator) Name:

Name of Candidate:

THE MARYLAND DIETETIC ASSOCIATION

CRITERIA/NOMINATION FORM—Recognized Young Dietitian of the Year

Submit name as it should appear on a certificate if the individual is selected.

ADA Membership No. _____

District: _____

Name: _____

first

middle
initial

last

Home Address: _____

street

city

state

zip

Home Phone: () _____

E-mail address _____

Is this individual a Registered Dietitian?

Yes

No

Will this individual be 35 years or younger as of May 1, 2012?

Yes

No

Place of Employment: _____

City/State: _____

Job Title: _____

Number of Years in Practice: _____

Has Individual previously been selected as Registered Young Dietitian? _____

If yes, what year: _____

RYDY Date Submitted:

Your (Nominator) Name:

Name of Candidate:

CRITERIA:

Active participation in the national, state, or district association

STATEMENT:

CRITERIA:

Demonstrated concern for the promotion of optimal health and nutritional status of the population

STATEMENT:

CRITERIA:

Demonstrated leadership, e.g., in legislation, research, education, management, etc., either in the Association or employment

STATEMENT:

Other significant accomplishments or pertinent information:

STATEMENT:

Your (Nominator) Name: _____

Relationship to the Nominated Individual: _____