

**Malawi Association of Medical Laboratory Scientists**

**P.O Box 1071, Lilongwe**

***All correspondence should be addressed to MAMLS President***

***president@mamls.mw***

**Nomination form for award of Excellence for Medical Laboratory professionals**

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| **Nominee Information**  |
| **Full Name:** | **Phone Number:**  |
| **Position:**  |  |
| **Qualifications:** |  |
| **Name of Facility of work:**  | **District:** |
|  |  |  |
| **Standard**  | **Explain how the person meets this criteria:**  | **Points/Score**  |
| 1. Demonstrated excellence in Medical Laboratory practice, leadership, education

And /or research and innovation **(3 points)** |  |  |
| 1. Modelled a positive image of the leadership at his or her level **(5 points)**
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| 1. Modelled ideals and values of professional Medical Laboratory practice

**(5 points)** |  |  |
| 1. Demonstrated excellence in resource mobilization through effective lobbying for health care delivery **(4 points).**
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