

**Malawi Association of Medical Laboratory Scientists**

**P.O Box 1071, Lilongwe**

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

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**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)** |  | |  |
| 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).** |  | |  |