

Arthur Schantz, M.D. Memorial Technology Award Nomination Form

Send your form to newjerseyamt@gmail.com by January 31, 2020

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
AMT Certification/Number	
Nominated by (other than self)	
Nominators E-Mail Address	

Articles authored about Electronic Health Records or Laboratory Information Systems (attached)

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Contribution or Rendered Services in Electronic Health Records or Laboratory Information Systems

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Agreement and Signature

By submitting this application, I affirm that the information provided is accurate and true. The work is my own and I take responsibility for this work.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the NJSSAMT.