

# 2025 NOMINATION FORM FOR NYCPA AWARDS

Please indicate the award you are nominating an individual for:

- Arthur J. Dixon Public Service Award
- NYCPA Distinguished Service Award
- Dr. Emanuel Saxe Outstanding CPA in Education Award
- Outstanding CPA in Chapter Service Award
- Outstanding CPA in Government Award
- Outstanding CPA in Industry Award
- Outstanding CPA in Public Practice Award
- Diversity, Equity, and Inclusion Champion Award

## Personal

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Hometown/College Newspapers (Please list for publicity purposes, in the event the nominee wins)

\_\_\_\_\_  
Society Member Since

## Employment

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone                      Number of Years

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone                      Number of Years

## Education

**School Major, Degree, Year:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Community, Charitable and Government Activities

(To be answered if nomination is for Arthur J. Dixon Public Service Award)

1) Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Number of Years \_\_\_\_\_  
 Elected  Volunteered  Appointed

2) Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Number of Years \_\_\_\_\_  
 Elected  Volunteered  Appointed

3) Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Number of Years \_\_\_\_\_  
 Elected  Volunteered  Appointed

## Special Considerations - IMPORTANT

In 1,000 words or less, highlight the nominee's qualifications and outstanding service and contributions to the profession as they relate to the award you are nominating for.

\*(Attach separate sheet of paper.)

For the Arthur J. Dixon Public Service Award only, highlight the nominee's contribution to the community.

## Society and Chapter Activities

\_\_\_\_\_  
NYCPA Chapter

\_\_\_\_\_  
Committees (Statewide and/or Chapter)

\_\_\_\_\_  
Offices Held

\_\_\_\_\_  
Other Contributions of Note to the Society

\_\_\_\_\_  
Other Significant Items to Support Nomination

## Nominator

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address/Office Phone

\_\_\_\_\_  
Signature