



Applicant # _____

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2019 Award Nomination

First Name		Last Name			
Chiropractic College/University					
Graduation Date			Practice Name		
Practice Address - Street		City		State	Zip
Email		Phone		Cell	Number of Years in Practice
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		<input type="checkbox"/> Chiropractor of the Year		<input type="checkbox"/> Lifetime Achievement Award
<input type="checkbox"/> Additional Information Included					
Please feel free to include any additional documentation such as newspaper articles, awards, etc.					
I certify that the information on this application is true and correct.					
Print Name: _____					
Signature _____			Date _____		

Provisions of the Chiropractor of the Year Award:

- ▶ ANJC member in good standing
- ▶ Exemplifies the highest standards of chiropractic practice and is a role model for his/her peers.

Provisions of the Lifetime Achievement Award:

- ▶ Active in practice for 30 years or more
- ▶ Dedicated career serving our chiropractic community at various levels, or excellence in serving our patient community.

Please give a brief explanation of why your nominee is deserving of this honor