CALL FOR NOMINATIONS
Al and Carolyn Schiller Distinguished Service Award

Deadline: March 1, 2021

Purpose:

The Al and Carolyn Schiller Distinguished Service Award allows recognition of anyone who has demonstrated exceptional and meritorious service to the ACVS. Conferring this service award recognizes and honors recipients for outstanding contributions related to the functions of the ACVS.

Eligibility:

1. This award is open to any person.

2. The individual will have demonstrated service to the ACVS for at least fifteen years. The Board of Regents will consider exceptions in rare and unusual circumstances.

Selection Criteria:

Meritorious service to the ACVS over a sustained period of not less than 15 years.

Nomination Procedure:

A complete nomination packet will include the nomination form, the nominee’s curriculum vitae, and at least two letters of support from ACVS Diplomates. Please submit the complete nomination packet in one email, with all required forms and letters attached, to Joanne Magro, executive assistant, jmagro@acvs.org. The ACVS office must receive all nominations and supporting documents no later than March 1 of the year of consideration. The Board of Regents reserves the right to request additional information.

If you have questions, please call the ACVS office: (301) 916-0200 x111 or email, jmagro@acvs.org.

Previous Award Winners:

1985 Richard L. Rudy, DVM, MSc
1985 Benjamin F. Hoerlein, DVM, PhD
1985 Alfred G. Schiller, DVM, MS, and Carolyn Schiller
1986 Wade O. Brinker, DVM, MS
1986 Vladimir Sokolovsky, MS, PhD
1987 James Archibald, DVM
1987 R. Bruce Hohn, DVM, MS (posthumously)
1988 Robert P. Knowles, DVM (posthumously)
1989 Fred P. Sattler, DVM
1992 William Donawick, DVM
1994 Ghery D. Pettit, DVM
1997 John “Jack” F. Fessler, DVM, MS
2009 Alan J. Lipowitz, DVM, MS
2011 Robert A. Taylor, DVM, MS
2016 Nathaniel A. White II, DVM, MS
NOMINATION FORM

Al and Carolyn Schiller
Distinguished Service Award

Deadline: March 1, 2021

Nominee: ___________________________  Nominee’s email: ___________________________

Year Veterinary Degree Received, if applicable: ___________________________

Current Address: _____________________________________________________________

___________________________________________________________________________

Does the candidate know that you are nominating him/her? (yes/no) __________________

1. Evidence of outstanding service and contributions related to the function of the ACVS.

ACVS Diplomate making the nomination:

___________________________________________________________________________

Signature                           Print Name                           Date

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