



**Lifetime Achievement Award Nomination Form**  
**Deadline for submission: October 30, 2025**

The **Lifetime Achievement Award** of the Union-North America Region is the highest award given by the region. It is presented to recipients who have made an outstanding contribution in the field of Tuberculosis over an entire career. The contribution may have been in any aspect of TB, including basic science, epidemiology, public health, advocacy, patient care, education, nursing, and laboratory science. Nominees may be working in any position, organization, or profession.

**Information Regarding Nominee**

Name of Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Reasons for nomination:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the individual aware of your nomination? Yes \_\_\_\_\_ No \_\_\_\_\_

It is not necessary for you to inform the individual to be eligible for the award.

**Contact Information for Individual who is putting forward a Nominee**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please submit this form (by email, fax, or mail) with a current resume or CV of the nominee to:**

Menn Biagtan, MD, MPH  
The Union-NAR Secretariat  
Email: [biagtan@bclung.ca](mailto:biagtan@bclung.ca)