



HALL OF FAME CALL FOR NOMINATIONS

The SCCA is pleased to recognize those doctors who have lifetime achievements in Chiropractic and for those who have helped to make everyone's practice in South Carolina possible. This award is the highest honor bestowed by the SCCA.

Please review the criteria to be inducted into the SCCA Hall of Fame and then submit your nomination to the SCCA Hall of Fame Nominating Committee. Self nominations will not be accepted. The Committee will review and make recommendations to the Board at the next meeting.

<p><i>The minimum qualifications are:</i></p> <ol style="list-style-type: none">1. Minimum of 30 years in practice;2. Minimum of 20 years of membership in the SCCA;3. Can be eligible if less than 30 years in active practice and 20 years of membership if awarded posthumously;4. Must be a doctor in good standing;5. Must have contributed to the advancement of the SCCA either financially, membership, educationally or legislatively6. Stands out in some manner to promote or defend the profession or the SCCA.	<p><i>Additional consideration will be given for the nominee's accomplishments. For example, the following should be included:</i></p> <ol style="list-style-type: none">1. For local, statewide or national involvement in the community, schools, organizations such as Rotary and Lion's Clubs, professional or local teams, service on the SCCA Board of Directors or committees and the SC State Board of Chiropractic Examiners;2. For "community service" work in an effort to advance the profession's image;3. Being the recipient of Chiropractor of the Year or any other SCCA award.
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This award is not based upon popularity but rather on true merit. Those receiving this honor shall meet the highest standards possible.

Submission of a name does not guarantee election to the SCCA Hall of Fame. In order to be inducted, the nominee must receive the recommendation from the Hall of Fame Committee and at least 75% vote of support from the SCCA Board of Directors.

NOMINATION & EVALUATION FORM

NOMINATED BY: _____

DATE NOMINATED: _____

YOUR TELEPHONE: _____

NOMINEE'S NAME: _____

FAMILY CONTACT IF NOMINEE DECEASED: _____

HOME ADDRESS: _____

TELEPHONE HOME: _____ BUSINESS: _____

CHIROPRACTIC COLLEGE: _____

DATE OF GRADUATION: _____

ACCOMPLISHMENTS WHILE IN SCHOOL: _____

PROFESSIONAL CHIROPRACTIC ACCOMPLISHMENTS: _____

COMMUNITY, CIVIC AND CHURCH CONTRIBUTIONS: _____

OTHER ACCOMPLISHMENTS (NON-CHIROPRACTIC): _____

**** PLEASE ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED ****