# **Fellow Nomination Criteria**



#### **FELLOW OF LIA**

#### Objective

The grade of Fellow is the highest level of membership in the LIA. It is awarded to recognize members of the institute who have:

- 1) attained unusual professional distinction in the LIA mission areas of laser science and technology, laser applications and/or laser safety, and
- 2) provided outstanding service to their field.

#### Guide

Both professional distinction and service are required qualifications, although professional distinction is the more important of the two. Service contributions alone will not be sufficient justification. In the professional category, technical papers published, technical work done, and technical or management positions held must relate to one of the LIA mission areas.

The rank of Fellow may be occasionally presented posthumously to a member of outstanding past accomplishment. In such cases, the criteria for acceptance shall be identical to other Fellow nominations.

#### Criteria

- 1) Professional accomplishments in one or both of the following areas:
  - a) Management Has achieved significant or pattern-setting accomplishments in a management position in a business related to LIA mission areas.
  - b) Technical Has made exceptional, documented technical contributions in a field relating to the LIA mission areas.

#### AND/OR

- 2) Service to the fields of lasers, lasers applications or laser safety in one or more of the following categories:
  - a) LIA Service Has volunteered significant, extended effort on behalf of LIA. The office of president of LIA is sufficient to meet the entire service requirement. Other LIA offices and service must generally be augmented with additional activities.
  - b) Interdisciplinary Activity Has been active with other groups related to LIA mission areas.
  - c) Publication and Promotional Activity Has published, promoted or disseminated information relating to the LIA mission areas through any medium, including magazines, newspapers, television, industry and government standards and educational forums.

#### Eligibility

The candidate has to satisfy the following criteria:

- 1) must have practiced the profession of laser science and engineering in academia, medicine, industry or government for at least 10 years, and
- 2) fellow membership for any individual shall not be instituted or remain in effect unless his/her membership is current
- 3) for exceptional candidates, the Executive Committee may waive the eligibility requirements.

#### **Nomination Procedure:**

- 1) Any LIA member can nominate.
- 2) The nomination must be endorsed by at least three LIA Fellows (which may include the nominator).
- 3) Only 1 (one) of the 3 (three) sponsors, nominator included, may be from the same institution as the nominee.
- 4) The nominator must document the contributions of the nominee in a format prescribed by LIA.

### **Fellow Nomination Form**

# **FELLOW NOMINATION** Candidate's Name: Candidate's Company Affiliation: Candidate's Email: \_\_\_\_\_ Candidate's Telephone: \_\_\_\_\_ Comments: **NOMINATED BY** Name: \_\_\_\_\_Company Affiliation:\_\_\_\_\_ Address: City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_\_ Email: \_\_\_\_\_

# **Fellow Nomination Form**

FIRST SPONSOR	
Name 1:	-
Telephone 1:	_
Email 1:	-
SECOND SPONSOR	
Name 2:	-
Telephone 2:	_
Email 2:	_
THIRD SPONSOR	
Name 3:	-
Telephone 3:	_
Email 3:	

PLEASE EMAIL or MAIL YOUR COMPLETED FORM TO:

# **Fellow Reference Form**



You are being asked to serve as a supporting sponsor for the candidate below who is being nominated as a Fellow of the Laser Institute of America (LIA). Your assistance in evaluating this nomination is appreciated.

PRIVILEGED INFORMATION:
Candidate's Name:
How long have you known the candidate or have known of her/his professional activity.
Time In Years:
Areas in which you feel the candidate has made major contributions to the LIA and the laser community: (Check all that apply)
<ul><li>□ Education</li><li>□ Research</li><li>□ Business</li><li>□ Other:</li></ul>
Your assessment of the candidate's qualification:  Exceptionally Well Qualified  Well Qualified  Marginally Qualified  Not Qualified
Comments:
SUBMITTED BY:
Name:Company Affiliation:
Address:
City: State: Zip Code:
Country:
Telephone:

PLEASE EMAIL or MAIL YOUR COMPLETED FORM TO: