



Nomination Form

Northeast Certified Crop Adviser of the Year Award

Sponsored by: The Northeast Certified Crop Adviser Program

Candidate Name: _____

CCA Number: _____

Mailing Address: _____

Phone Number: _____

E-mail (if available): _____

Employer (if applicable): _____

Your Name: _____

Mailing Address: _____

Phone Number _____

E-mail: _____

Additional pages may be added if needed.

1. How many years of crop advising experience? _____
2. Scale and scope of crop advising work being done i.e. type of clientele, acres responsible for, crops, particular areas of focus or specialty. *20 points*

3. What skills or initiatives has this CCA displayed in his/her crop advising career that sets him/her apart from their colleagues? *40 points*

4. List CCA program involvement, i.e. serving on committees, Board, organizing CCA events, promoting continuing education, promoting own designation or company involvement, etc. *25 points*

5. Other volunteer service within and outside the agriculture industry. *15 points*

Additional Information:

Signature: _____

Date: _____

Return to: Jeanette Marvin
NRCCA
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Phone: 315-986-9320
nysaba@rochester.rr.com