



# FBLA-PBL ADVISER WALL OF FAME NOMINATION FORM

*Please type or print clearly.*

At the national center, an Adviser Wall of Fame has been created to recognize advisers and state chairs with twenty (20) or more years of service to FBLA-PBL.

Date: \_\_\_\_\_ ☐ FBLA Adviser ☐ PBL Adviser ☐ FBLA-Middle Level Adviser

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

Address of Nominee: \_\_\_\_\_

Phone of Nominee: \_\_\_\_\_

E-mail Address of Nominee: \_\_\_\_\_

Chapters and approximate dates served: \_\_\_\_\_

## Qualifications

I. Total Years Served: \_\_\_\_\_ (minimum of 20 years required)

II. Indicate a minimum of five of the following criteria met by the nominee:

☐ Attended a combined total of at least 10 National Leadership Conferences and/or National Fall Leadership Conferences. Indicate years: \_\_\_\_\_

☐ Has at least one state or national officer from his/her chapter or has served as an adviser to at least one state or national officer. Indicate office and year: \_\_\_\_\_

☐ Had a national competitive event winner placing in the top ten. Indicate winners and years: \_\_\_\_\_

☐ Served on the national board of directors. Indicate term: \_\_\_\_\_

☐ Served on the National Awards Program Committee. Indicate term: \_\_\_\_\_

☐ Administered a competitive event at a state or national conference. Indicate year(s) and level: \_\_\_\_\_

☐ Led a workshop at a state, regional, or national conference. Indicate workshop title: \_\_\_\_\_

☐ Received the Outstanding Local Adviser Award. Indicate year: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Address of Nominator: \_\_\_\_\_

Phone of Nominator: \_\_\_\_\_

E-mail Address of Nominator: \_\_\_\_\_

State Chair's Signature: \_\_\_\_\_

State chair will please inform advisers of this available recognition. Forms should be reviewed and verified by the state chair before forwarding to the national center. Forms should be returned to FBLA-PBL, Inc., Adviser Wall of Fame, 1912 Association Dr., Reston, VA 20191-1591, so that they are postmarked by May 1.