



**Association of Educators In Radiologic Technology  
of The State of New York, Inc.**

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**Nomination for Certificate of Achievement Award**

The faculty of \_\_\_\_\_ hereby nominates:  
Name of Institution

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Projected Date of Graduation

For the **Gertrude L. Dourdounas Certificate of Achievement Award.**

Select type of award: Paper Certificate \_\_\_\_\_ Wood Plaque \_\_\_\_\_ (enclosed \$40.00)

\_\_\_\_\_  
Type Program Director Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Email Address

\_\_\_\_\_  
School Address – Street

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Send completed nomination form to:

**Maria Maiorano RT(R)(M)(QM)  
AERT Scholarship Committee  
18 Georgetown Oval  
New City, NY 10956**