NEA RETIRED DISTINGUISHED SERVICE AWARD
QUALIFYING CHECKLIST

NOMINEE: __________________________________________________________

NEA RETIRED MEMBER SINCE: __________________________________________

NEA-RETIRED STATE ASSOCIATION: ______________________________________

____ THIS IS THE ONLY NOMINEE FROM THIS STATE

____ NOMINATION WAS RECEIVED BY THE DEADLINE OF APRIL 15

____ OFFICIAL NOMINATION FORM WAS COMPLETE

____ SUPPORTED BY THE RETIRED LOCAL ASSOCIATION PRESIDENT or
other member if there is no local

____ SUBMITTED BY THE NEA-RETIRED STATE ASSOCIATION PRESIDENT

____ NOMINEE HAS BEEN AN NEA-RETIRED MEMBER FOR A MINIMUM OF FIVE
YEARS

NO MORE THAN 3 LETTERS OF SUPPORT AS FOLLOWS:

____ LETTER OF SUPPORT FROM NEA RETIRED STATE ASSOCIATION PRESIDENT
AND NO MORE THAN 2 PAGES IN LENGTH

____ LETTER OF SUPPORT FROM RETIRED LOCAL ASSOCIATION PRESIDENT IF A
LOCAL EXISTS AND NO MORE THAN 2 PAGES IN LENGTH

____ LETTER OF SUPPORT FROM AN ACTIVE OR RETIRED MEMBER AND NO
MORE THAN 2 PAGES IN LENGTH

Adopted by Committee, January 2022