

Council for Exceptional Children

North Carolina Division on Career Development and Transition



2018 Employer of the Year Award

The North Carolina Division on Career Development and Transition (NCDCDT) is proud to announce the sponsorship the NCDCDT Employer of the Year Award to recognize an employer or business who has shown remarkable commitment to promoting or providing employment opportunities to students with disabilities. Nominees for this award may be a representative of a business/employer or the business/employer.

Any interested individual may submit one or more nominations. Nominations will be accepted by the NCDCDT through **MARCH 01, 2018**. Nominations will be reviewed and judged by the Executive Board of the

NCDCDT. The individual making the nomination will be notified by **March 15, 2018** if their nominee is the recipient of the award. The winner will be announced during the **2018 NCDCDT Transition Conference**, held at the Embassy Suites in Greensboro, NC. The winner and the individual nominating him/her/them will be invited to the NCDCDT Transition Conference, **April 18 - 20, 2018**, for a special ceremony honoring all award recipients.

The NCDCDT Employer of the Year Award nominations must be emailed to the designated address by MARCH 01, 2018. Please email the completed nomination form and any supporting documentation. Nominations submitted after MARCH 01, 2018 will be declared ineligible.

Applications should be emailed to:

NCDCDT Past President
Michelle Clark
EC Program Coordinator
Elizabeth City-Pasquotank Public Schools
mclark@ecpps.k12.nc.us
Work: (252) 335-1449
Cell: (252) 333-2364

*******Please note "2018 NCDCDT Transition Conference Award" in the email subject line.*******

NOTE: You will receive an email confirmation. If you do not receive an email confirmation within two business days, please contact Michelle Clark to confirm your submission was received.

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Nomination for the NCDCDT Employer of the Year Award

Due Date: MARCH 01, 2018

Name and Title of Nominee: _____

Address of Nominee: _____
STREET ADDRESS CITY STATE ZIP CODE

Work Telephone#: _____ Mobile Telephone#: _____

Email: _____

Name and Title of Person Nominating: _____

Address of Person Nominating: _____
STREET ADDRESS CITY STATE ZIP CODE

Work Telephone#: _____ Mobile Telephone#: _____

Email: _____

Nomination Requirements (2 page maximum for the complete nomination):

- The NCDCDT Employer of the Year Award will be presented and announced to the public during the NCDCDT Transition Conference on **April 18 - 20, 2018**. Would you and the individual you are nominating be available to attend the Plenary Session of the NCDCDT Transition Conference to be held on **April 18, 2018** at the Embassy Suites in Greensboro, NC? **Please circle one: YES NO**
- You may attach, no more than 2 pieces of, supporting documentation (e.g. newspaper articles, letters or support, pictures, products).

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- Describe why your nominee should be considered for the NCDCDT Employer of the Year Award, including their commitment to promoting or providing employment opportunities to students with disabilities.

NOTE: All nominations must meet the above requirements to be considered for the NCDCDT Employer of the Year Award.