|  |  |  |
| --- | --- | --- |
| Date:Click here to enter text. | NJ CPAC Nomination Form | * **Applicants must have served on a CPR Board for at least 1 year.**
 |
| **Required with the NJ CPAC Biographic Form.** |

## Type of Nomination (Required)

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| --- |
| **Are you nominating Yourself**?  |
|  [ ]  Yes. Skip to C  |
|  [ ]  No. Complete B  |

## Referral Information. Complete only If you are nominating someone besides yourself

|  |
| --- |
| **Name of Individual Making Nomination: Click here to enter text.**  |
| **Daytime Phone Number: Click here to enter text.**  |
| **E-Mail Address: Click here to enter text.** |
| **Briefly describe why you are nominating the individual below and your relationship: Click here to enter text.** |

## Nominee Information (Required)

|  |
| --- |
| **Name of Individual Nominated:** Click here to enter text. |
| **Daytime Phone Number: Click here to enter text.**  |
| [ ]  **Yes, I can be called at this number during daytime working hours.** |
| [ ]  **I prefer to be called after 6:00 pm.at the following number: Click here to enter text.**  |
| **Fax Number: Click here to enter text.** | **Email Address: Click here to enter text.** |
| **Street Address: Click here to enter text.** |
| **Town: Click here to enter text.** | **County: Click here to enter text.** |

**Please email this form with the Biographic Form to the NJ CPAC Coordinator at** **NJCPAC.mbx@njcourts.gov**

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