



Nomination Form for VMCC Practice Manager of the Year 2023

*VMCC membership required www.vmcc-ct.org

Email : vmcc.ct@gmail.com

Name of Nominee _____ Title _____

Years in Current Position _____ Years in the veterinary profession _____

Describe two major accomplishments that this candidate has achieved at their practice and describe how these accomplishments have positively impacted the practice.

Please provide any additional information or personal statement that may help identify.

Thank you for your nomination.