



ACTFL

AMERICAN COUNCIL ON THE
TEACHING OF FOREIGN LANGUAGES

**ACTFL
National Language Teacher of the Year**

Nomination Cover Page

This form should be completed by the state organization.

Candidate Information:

Name of Candidate

Institution/Position

Street Address

City

State

Zip Code

Work Phone

Home or cell phone

E-mail

Nominated by:

State: _____

Contact Information:

Regional Officer/Designee

Institution/Position

Street Address

City

State

Zip Code

Work phone

Home or cell phone

E-mail