



**ACTFL
National Language Teacher of the Year**

Nomination Cover Page

This form should be completed by the state or regional organization.

Candidate Information

Name of Candidate

Institution/Position

Street Address

City

State

Zip Code

Work Phone

Home or cell phone

E-mail

Fax

Nominated by

State or Region: _____

Contact Information:

State/Regional Officer/Designee

Institution/Position

Street Address

City

State

Zip Code

Work phone

Home or cell phone

E-mail

Fax