



CTP

Industry Veteran Nomination

This form may be completed by typing directly into the body of the PDF document. Please submit the completed nomination, along with any other supporting documentation to:

Turnaround Management Association, 150 North Wacker Drive, Suite 1900, Chicago, Illinois 60606
p: +1 312 578 6900, f: +1 312 578 8336, e: certification@turnaround.org

REQUIREMENTS

- ☐ The individual has at least 12 years of experience in the turnaround field and is currently engaged in the field.
- ☐ The individual has, for at least five years, assumed a leadership position during turnarounds.
- ☐ The candidate is known to exemplify the high ethical standards and behavior expected of all CTPs.

NOMINEE INFORMATION

First Name	Last Name	Suffix	
Business			
Title			
Business Address	City	State	Zip
Business Telephone	Business Fax		
Email	Preferred Method of Contact		

NOMINATOR INFORMATION

First Name	Last Name	Suffix	
Business			
Title			
Business Address	City	State	Zip
Business Telephone	Business Fax		
Email	Preferred Method of Contact		

Your answers should reflect the applicant's qualifications and ability to maintain professional and ethical standards. You may be contacted by a member of the Standards Subcommittee for follow-up.

By providing my handwritten or electronic signature below, I represent that my answers on this form are, to the best of my knowledge, true and correct.

Signature	Date
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CTP INDUSTRY VETERAN NOMINATION

Please complete the information on this page and the previous, and return this entire form to TMA via email or in a **sealed envelope**. TMA will not disclose the contents of this nomination nor distribute copies to the nominee due to the sensitive nature of its contents.

Note: If you need additional space for any questions, please attach a separate sheet.

DESCRIPTION OF NOMINEE'S TURNAROUND EXPERIENCE

1. Please provide a description of the nominee's turnaround experience personally known to you.

2. Please provide a detailed description of engagements where you, as nominator, have firsthand knowledge of the nominee's experience.

ADDITIONAL REFERENCES

Please list the names of two individuals not affiliated with the nominee's firm who can attest to the ethics and expertise of the individual.

REFERENCE 1

Reference First Name	Last Name	Suffix
Company	Title	
Business Address	City	State Zip

REFERENCE 2

Reference First Name	Last Name	Suffix
Company	Title	
Business Address	City	State Zip

THANK YOU FOR YOUR NOMINATION.