

The George M. Wilkening Award

in Laser Safety

Objective

To recognize outstanding contributions to laser bioeffects research and biophysics related to the establishment of human exposure limits, in safety standards development and education, and in applied laser safety and/or the development of engineering control techniques to increase the wider applications of laser technology in industry, medicine and daily life. Examples of fields of contribution include the following:

- Laser bioeffects research and furthering the understanding of laser-tissue interaction
- Development of human exposure limits for laser radiation
- Broadening our understanding of ocular exposure conditions
- Studies of visual effects and developing hazard assessment and measurement techniques
- Development of applied laser safety standards
- Development new engineering control measures and protective equipment
- Extensive contributions to laser safety training and education

Eligibility

Nominations are open to candidates who made outstanding contributions to laser bioeffects research, development of human exposure limits and safety standards, and to applied laser safety. The recipient does not have to be a member of LIA, but sustained service to LIA can be one of the additional contributions considered. Nominations are active for three years.

Endowment & Support

Biennial sponsors with a goal to establish permanent endowment for the Award. Possible sources to be approached are:

- 1) Laser safety-related companies such as Rockwell Laser Industries
- 2) Laser manufacturers such as Coherent, VISX, Palomar, TeraBeam, ATT, etc.
- 3) Manufacturers of protective equipment, such as UVEX, Kentek, Wilson, etc.
- 4) Additional voluntary subscription from individual and corporate members
- 5) Foundations with interest in safety

Nature of the Award:

The award consists of \$1,000.00 and a plaque citing the contribution made by the recipient.

Selection Procedure:

- 1) Any LIA member can nominate.
- 2) LIA executive committee will review or appoint an award subcommittee for the nomination review.
- 3) Nominator must document nominee's contribution to the field.
- 4) Nomination should have supporting letters from at least two prominent individuals in the field of laser safety and laser biophysics.
- 5) Nomination will stay active for three years.

George M. Wilkening Award Nomination Form

CANDIDATE INFORMATION

Candidate's Name: _____

Candidate's Company Affiliation: _____

Candidate's Email: _____

Candidate's Telephone: _____

Supporting Information: _____

Comments: _____

SUBMITTED BY

Name: _____ Company Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____ Email: _____

George M. Wilkening Award Nomination Form

FIRST SPONSOR

Name 1: _____

Telephone 1: _____

Email 1: _____

SECOND SPONSOR

Name 2: _____

Telephone 2: _____

Email 2: _____

THIRD SPONSOR

Name 3: _____

Telephone 3: _____

Email 3: _____

PLEASE EMAIL, FAX or MAIL YOUR COMPLETED FORM TO:

+1.407.380.1553 | nominations@lia.org | fax: 407-380-5588
13501 Ingenuity Drive, Suite 128, Orlando, FL 32826

George M. Wilkening Award Laser Safety Reference Form

You are being asked to serve as a supporting sponsor for the candidate below who is being nominated for the George M. Wilkening Award presented by the Laser Institute of America. A copy of the completed nomination form should have been received with this reference form. If not, please contact the LIA office. Your assistance in evaluating this nomination is appreciated.

PRIVILEGED INFORMATION:

Candidate's Name: _____

How long have you known the candidate or have known of her/his professional activity.

Time In Years: _____

Areas in which you feel the candidate has made major contributions to the LIA and the laser community

- Education
- Research
- Business
- Other: _____

Your assessment of the candidate's qualification

Exceptionally Well Qualified

- Well Qualified
- Marginally Qualified
- Not Qualified
-

Comments: _____

SUBMITTED BY:

Name: _____ Company Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____ Email: _____

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