

Community, Innovation, Inspiration, Integrity, Service.

VOTA OTA/OT PARTNERSHIP AWARD

Nomination Form Due July 1st, 2024

I. OTA Information	
Name:	Address:
E-mail:	Contact Phone:
II. OT Information	
Name:	Address:
E-mail:	Contact Phone:
III. Nominators Information	
Name of Individual or Group recommending this OT/OTA partnership:	Your acquaintance with the nominees (include length of time knowing nominees):
Contact Phone:	E-mail:
IV. Contribution to OT	
Please use the space below to describe how the nominees have contributed to occupational therapy through their research, education, and/or professional practice partnership. Please consider and describe the impact of their contributions at the local, regional, or national level. If you wish to include letters of support from outside sources, please include these as separate attachments.	

Criteria: Nominees shall be a licensed Occupational therapist and an Occupational Therapy Assistant who are members in good standing with VOTA. Up to 2 letters of support may be attached for consideration.

Nominations must be delivered electronically to **Shivani Vij at noms.awards.vota@gmail.com** with the subject line "**VOTA Nominations.**"