



**VOTA OT/OTA Award of Merit
Clinician
 Nomination Form
Deadline August 31st 2018**

I. Nominee Information	
Name:	Address:
Contact Phone:	E-mail:
<input type="checkbox"/> OT <input type="checkbox"/> OTA	VOTA Member <input type="checkbox"/> AOTA Member <input type="checkbox"/>
II. Nominator Information	
Name:	Acquaintance with Nominee:
Contact Phone:	Contact E-mail:
III. Qualifications/Contributions to OT	
<p>Please attach a letter of support that highlights the individuals contributions in the following areas:</p> <ul style="list-style-type: none"> ▪ VOTA activities/committees/board/offices/task force ▪ AOTA activities ▪ Educational Contributions ▪ Professional Work Experience ▪ Research, Scholarship, Publications ▪ Public Relations ▪ Leadership/Management ▪ Volunteer/Service ▪ Other 	

Criteria: **The nominee should be a licensed Occupational Therapist or Occupational Therapy Assistant and a member in good standing with VOTA.** Up to 2 letters of support may be attached for consideration.

ANY QUESTIONS? Call Jan Emerick-Brothers, OTR 703-927-1930, email me at scooter_brandy@hotmail.com
 . THE SPACE IS REALLY AND UNDERSCORE!