



Virginia Occupational Therapy Association

*Community. Innovation. Inspiration. Integrity. Service.*

**VOTA OTA/OT PARTNERSHIP AWARD**

Nomination Form  
Due October 6, 2023

<b>I. OTA Information</b>	
Name:	Address:
E-mail:	Contact Phone:
<b>II. OT Information</b>	
Name:	Address:
E-mail:	Contact Phone:
<b>III. Nominators Information</b>	
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:
<b>IV. Contribution to OT</b>	
Please use the space provided below to describe how the nominees have contributed to occupational therapy through their partnership in areas such as research, education, and/or professional practice. Please consider and describe the impact of their contributions at 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.

**ANY QUESTIONS?** Contact our awards committee at [noms.awards.vota@gmail.com](mailto:noms.awards.vota@gmail.com).