VOTA OTA/OT PARTNERSHIP AWARD

Nomination Form

Due August 31st 2018

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 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: <u>Nominees shall be a licensed Occupational therapist and an Occupational Therapy Assistant who are members in good standing with VOTA</u>.

ANY QUESTIONS? Call Jan Emerick-Brothers, e-mail scooter_brandy@hotmail.com(the space is really an underscore)