



**VOTA OT/OTA Award of Merit  
Nomination Form  
Deadline August 30th**

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

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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 at 703-927-1930 . Email at [scooter\\_brandy@hotmail.com](mailto:scooter_brandy@hotmail.com) The space is really an underscore!