

**MSOTA
OCCUPATIONAL THERAPY SERVICE AWARD
NOMINATION FORM**

Nominations due by: Friday, January 29, 2010

Description & Purpose

TO RECOGNIZE individual members of the **MSOTA** who have provided outstanding and exemplary service to the Occupational Therapy profession.

Minimal Requirements

The nominee shall be a current occupational therapy member (including OTs & COTAs) in good standing in the Association.

Information Regarding Award

1. The MSOTA Awards Committee shall choose the recipient.
2. The award recipient shall receive a plaque commemorating Outstanding Service to the Occupational Therapy Profession.
3. The MSOTA Awards Committee Chair will announce the recipient at the MSOTA Spring Conference in 2010.

NOMINEE:

Name & Credential
Title
Address
City/State/Zip
Telephone (Office)
Telephone (Home)

NOMINATOR:

Name & Credentials
Title
Address
City/State/Zip
Telephone (Office)
Telephone (Home)

NARRATIVE:

Please include a short paragraph about why you think the person nominated deserves the OT Service Award (please attach an additional sheet).

Return this form to Jan Entrekin. Email to MSOTA@comcast.net; fax to 601-853-9564, or mail to MSOTA, P.O. Box 4916, Jackson, MS 39296.