



OUTSTANDING OCCUPATIONAL THERAPIST AWARD NOMINATION FORM

Name of Nominee: _____
Address: _____
Postal Code: _____
Title: _____
Place of Work: _____

Required Documentation:

Please identify one or more of the following areas in which you feel that this nominee has made an outstanding contribution to the profession of occupational therapy. For each item selected, please provide an example (e.g., publications, presentations, advocacy, innovative practice). The example should illustrate a significant contribution to the profession of occupational therapy.

Areas of Outstanding Contribution with Example:

Clinical practice: _____
Education: _____
Research: _____
Administration: _____
Public Relations: _____
Lifelong Learning: _____
Political: _____
Professional Associations: _____

Optional Documentation: Please include any other additional information or documentation related to the individual's contribution to the profession of occupational therapy (e.g., biography, curriculum vitae, awards received, relevant volunteer work, specific contribution to a professional committee).

Name of Nominator(s): _____
Nominator's Phone Number: Business _____ Work: _____

Applications must be received by midnight April 10, 2009.

Please mail or fax applications to:

**Kellsey Johnson and Jill Stuart-Edwards
MSOT Nominating and Awards Committee
#7-120 Maryland Street
Winnipeg, Manitoba R3G 1L1
Fax: 1-204-775-2340**



Areas of Outstanding Contribution:

Clinical Practice: _____

Education: _____

Research: _____

Administration: _____

Public Relations: _____

Life Long Learning: _____

Political: _____

Professional Associations: _____

