

Award Nomination Categories

Below are listed the various awards and the criteria for nomination. Please take the time to review the various awards and submit a nomination for an award this year. One important criterion is that the nominee be a current member of MiOTA.

- 1. OTR Award of Excellence: To honor members of MiOTA who have made an outstanding global contribution to the profession via encouraging the desire to contribute to the development and growth of the profession, focused public attention on the scope of OT, increased awareness of OT as a health provider and as a profession whose body of knowledge and skills are innovative in research and in implementation of new approaches to increasing quality of life.
- 2. COTA Award of Excellence: Highest Association award for a COTA to honor members of MiOTA who have made an outstanding global contribution to the advancement of occupational therapy via exemplifying the highest level of technical skills and knowledge that benefit the profession of occupational therapy. Has served as a leader within the profession and the health care community and fostered the growth and development of the profession or MiOTA.
- 3. Roster of Fellows: To recognize members of the MiOTA who, with their knowledge and expertise, during their career have made a significant contribution to the continuing education and professional development of members via utilizing special skills and/or knowledge in therapeutic practice, education, research, and/or administration. Both scholarly contribution and organizational leadership will be considered.
- 4. Distinguished Service Award: To honor a member of MiOTA for extraordinary service to the MiOTA. Nominee has made continuing and outstanding contributions to the development, growth and process of MiOTA.
- 5. Certificate of Appreciation: To express the appreciation of the MiOTA to members and non-members for extraordinary contributions to the advancement of OT. Their efforts could include, but are not limited to: financial contribution, political support, pioneer work, or outstanding leadership role.
- 6. Legislative Award: To recognize a member of MiOTA for significant contribution in promoting OT in the political arena via assuming an active role in training and organizing occupational therapists to impact on federal or state regulations and/or policies, educating legislators of other key government officials about the purpose and function of OT, responding to requests for action from the legislative committee of the MiOTA, acting as an advocate for consumers of health care and educational services, or playing an active role in state activities related to state PACs.
- 7. Departmental Membership: To actively support MiOTA participation by recognizing occupational therapy departments in which 80% or more of the staff are members of MiOTA.
- 8. Honorary Member Award: To recognize MiOTA members who have, or are, retiring, and who have performed distinguished service in the field of occupational therapy.
- 9. Master Clinician Award: To recognize members of MiOTA, who with their knowledge and expertise, have made a significant contribution to occupational therapy through a combination of some of the following: supervision of students and staff; articles and presentations; workshops; mentoring; education; therapeutic work with clients and families. This therapist stands head and shoulders above the crowd: a model for fellow therapists.



MiOTA Service Award Nomination Form

		MiOTA Member #	
Street Address:			
City:	State:	Zip:	
E-mail Address:			
Phone (W):	(H):		
Part A: Use this portion for all the av	wards except Departmental Members	hip:	
Name of award:			
Name of Nominee:	MiOTA membership #:		
Street Address:			
City:	State:	Zip:	
E-mail Address:			
Directions: return this form along wi (listed above). Also include a curricu make sure information is accurate as specific information and examples of	lum vitae or resume of the nominated this facilitates the determination of a	l individual by September 9, 2020.	Please
Part B: Use this portion for the Depart	artmental Membership Award Only		
Name of Department:		-	
Street Address:			
City:	State:	Zip:	
E-mail Address:		-	
Places complete a concrete form for a	each nomination if making many (fact	from to convithin form). Be sugget to	cand c

Please complete a separate form for each nomination if making more (feel free to copy this form). Be sure to send a narrative and curriculum vitae by **September 9, 2020**.

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