



Michigan Occupational Therapy Association

The Voice of Occupational Therapy in Michigan

2018 Award Nomination Form

Name of Nominator:

Date:

Street Address:

City:

State:

Zip:

E-mail Address:

Phone (C):

(H):

Part A: Use this portion for all the awards except Departmental Membership:

Name of award:

Name of Nominee:

Street Address:

City:

State:

Zip:

E-mail Address:

Directions: return this form along with a narrative of at least 50 words specific to the award purpose and criteria, (listed above). Also include a curriculum vitae or resume of the nominated individual by **September 8, 2018**. Please make sure information is accurate as this facilitates the determination of awards by the Awards Committee via specific information and examples of qualification for the award. Please send to the MiOTA office Fax: (517) 484-4442. Email: website@miota.org. Mail: 124 W. Allegan St. Suite 1900, Lansing, MI 48933