



AWARD FOR CLINICAL EXCELLENCE Nomination Form

Clinical excellence is defined as providing clinical service and treatment to the patient/client population exemplifying quality care beyond the normal duties expected of the general professional KOTA member. This person **must** be a current member of KOTA. **Nominations are due by August 1** so the winner can be recognized at the KOTA conference in September.

Nominee:

Name _____ Award year _____

Address _____ City, State, ZIP _____

Employer _____

Employer address _____ City, State, ZIP _____

Home phone (____) _____ Work phone (____) _____

E-mail _____

Current KOTA member? Yes No

Please attach the following information (a curriculum vitae may be submitted in lieu of 1, 2 and 3)

1. **Education** – List highest undergraduate and graduate degrees and any special academic awards
2. **Professional experience** – List positions, including titles and dates, and any significant experience or accomplishments, such as additional certifications, licenses, research activities, etc.
3. **Professional activities** – List any national and state level memberships, professional awards, recognitions, etc.
4. **Narrative stating reasons for the nomination** – including a brief description of the nominee's clinical contributions to the profession and the community.
5. **Letters of support** – from co-workers, supervisors, patients, colleagues, etc., highlighting the nominee's outstanding contributions or services. Note: Letters of support will be evaluated as content, not necessarily quantity.

Signature(s) of nominating party/parties

Signature of nominee (nominated individuals will be considered only with the nominee's expressed permission)

Mail form and required information by August 1 to
KOTA, 825 S. Kansas Ave., Ste. 500, Topeka, KS 66612
785-232-8044 • Fax: 785-233-2206