



**KANSAS OCCUPATIONAL THERAPIST/
OCCUPATIONAL THERAPY ASSISTANT
OF THE YEAR
Nomination Form**

The purpose of this award is to express the recognition of the Kansas Occupational Therapy Association for the superior contributions to the advancement of occupational therapy within the state. 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:

OT OTA

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:

Curriculum vitae

Narrative stating reasons for the nomination – include a brief description of the nominee's contributions to the profession, KOTA, AOTA, and the community.

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