



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 September 1** so that 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 (____) _____

Email: _____

Current KOTA Member? ☐ Yes ☐ No

Please attach the following information:

☐ **Curriculum vitae**

☐ **Narrative stating reasons for the nomination** – include; 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 September 1 to:
KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, Kansas 66612
785.232.8044 • Fax: 785.233.2206