

Entry for Therapist of the Year Award

GUIDELINES

1. Applicant must have a degree from an accredited institution. Degree must be in one of our four approved disciplines:

**Occupational, Physical,
Speech Pathology or Hearing Audiology**
2. Permission granted by candidate to allow his/her name to be submitted to National AMBUCS™, Inc.
3. Candidate's willingness to attend next national conference if honor is received.
4. **PERSONAL DATA SHEET:** Use the Personal Data Sheet provided to list nominee's various education, employment, awards, and community activities history.
5. **NARRATIVE:** On a separate sheet of paper, submit a narrative explaining why you think the nominee is deserving of recognition as Therapist of the Year. Limit to approximately 400 words or less. Omit from the narrative any reference to your chapter (other than AMBUCS™), your city, etc.
6. Return completed nomination, no later than April 30th, to the AMBUCS™ Resource Center, PO Box 5127, High Point NC 27262 or fax 336-852-6830.

NOMINATION FOR THERAPIST-OF-THE-YEAR AWARD

The _____ Chapter of AMBUCS™, Inc. hereby recommends

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____

for the _____ (year) National Therapist-of-the-Year Award. We certify that our chapter is in good standing with our National Association.

Personal interview conducted by: _____
Name Date

Recommendation approved by Board of Directors: _____
Date

Recommendation approved by general membership: _____
Date

Chapter Sponsorship Chairman Signature

Chapter President Signature

Date

Date

PERSONAL DATA SHEET

Name _____

Formal Education

School or Institution	Degree and Year Received
_____	_____
_____	_____
_____	_____

Employment History

Employer	Dates (from/to)
_____	_____
_____	_____
_____	_____

Professional Memberships

Special Awards and Recognition

Award	Year Received
_____	_____
_____	_____
_____	_____

Community Activities
