

## 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

