



AWARD FOR CLINICAL EXCELLENCE 2017 Nomination Form

Clinical excellence is defined as providing clinical service and treatment to the patient/clients 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 19** so that the winner can be recognized at the KOTA Conference in September.

Nominee:

Name _____

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 (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/or state level memberships, professional awards, recognitions, etc.
4. **Narrative stating reasons for the nominations** – 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 19 to:
KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, Kansas 66612
785.232.8044 Fax: 785.233.2206