Pennsylvania Therapeutic Recreation Society

Distinguished Member Award Nomination Form

Candidate’s Name: _________________________________  Member of PTRS Since: _______

Candidate’s Title & Agency: ______________________________________________________

Candidate’s Contact Information: __________________________________________________
_____________________________________________________________________________

Name of Nominator: ____________________________________________________________

Nominator’s Contact Information: __________________________________________
______________________________________________________________________________

Award Qualifications:

The person nominated must meet the following criteria to be nominated for this award:

• The candidate must be a member of the Society for at least four (4) years.
• The candidate must have at least ten (10) years of experience working in therapeutic recreation and/or therapeutic activities as a leader, instructor, therapist, supervisor or administrator of therapeutic recreation and/or therapeutic activities.
• The Candidate should have contributed to the advancement of the Society, affiliated organizations or the profession in general through at least four (4) of the following functions:
  o Outstanding service as an officer of the Society, Regional Representative, Specialty Representative, Committee Chair or Member.
  o One or more significant improvements to a recreation and parks or related curriculum on either the undergraduate or graduate level.
  o Service to a related professional organization.
  o Significant volunteer efforts to a specific aspect of the field or the health care system.
  o Initiation of one or more new recreation programs for a specific group or area.
  o Contribution to expand therapeutic recreation/therapeutic activities through the initiation of increased cooperation between one or more allied health care disciplines or groups
  o Considerable and varied work in support of legislation and/or regulations resulting in benefits to any facet or level of the field.
  o Exhibition of continued enthusiasm for working to benefit and improve any facet or level of the field.
  o At least three presentations before professional groups, at conferences, seminars or workshops.

Briefly state why this candidate is being nominated: ______________________________

NOMINEE’S WORK EXPERIENCE:  (List current position first)

Agency & Title: _______________________________________________________________________

Job Tasks: ___________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________________________________________

Dates Employed: _____________________ to Current
Agency & Title: ________________________________

Job Tasks: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dates Employed: ________________ to ______________

Agency & Title: ________________________________

Job Tasks: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dates Employed: ________________ to ______________

SERVICE:

Has the nominee served outstandingly as an officer of the Society, Regional Representative, Specialty Representative, Committee Chair or any of the Society’s committees?  YES ____  NO _____
Please Comment: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the nominee contributed one or more significant improvements to a recreation and parks or related curriculum on either the undergraduate or graduate level?  YES _____  NO _____
Please Comment: ______________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the nominee made a significant contribution to or served a related professional organization on a regional, state, or national level?  YES _____  NO _____
Please Comment: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

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Has the nominee made significant volunteer efforts to an aspect of the field or health care system?  YES _____  NO _____
Please Comment: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the nominee initiated one or more new recreation programs for a specific group or area?  YES _____  NO _____
Please Explain: ______________________________________________________
Has the nominee contributed to expand therapeutic recreation/therapeutic activities through the initiation or increases cooperation between one or more allied health care disciplines or groups? 
YES _____ NO _____

Please Comment: ____________________________________________________________

________________________________________________________________________

Has the nominee been involved with considerable and varied work in support of legislation and/or regulations resulting in benefits to any facet or level of the field? YES ____ NO ____

Please Comment: ____________________________________________________________

________________________________________________________________________

Has the nominee demonstrated continued enthusiasm for working to benefit and improve any facet or level of the field/profession? YES _____ NO _____

Please Explain: ____________________________________________________________

________________________________________________________________________

Has the nominee presented at least three presentations before professional groups, at conferences, seminars or workshops? YES _____ NO _____

Please Comment: __________________________________________________________

________________________________________________________________________

Please provide any additional information you would like the Awards Committee to know about the candidate.

Thank you for your nomination.

Please return this completed form by May 8, 2015 to:
Karen Hammond
2000 Masonic Drive
Sewickley, PA 15143
412-741-1400 x3906
khammond@masonicvillages.org