

**Illinois Recreational Therapy Association (ILRTA)  
Professional of the Year / Outstanding Program Awards**

**Due Date: October 14, 2016**

Each year ILRTA recognizes a person **AND** a program/agency that have made significant contributions to the therapeutic recreation/recreational therapy profession. Awards are presented at the ILRTA Annual Conference. This year the conference will be held at the Chicago-Alsip DoubleTree Hotel in Alsip, IL, November 14-15, 2016. Information about the conference can be found on the ILRTA website.

Award Categories:

**Professional of the Year**

- Is an educator or practitioner in therapeutic recreation/recreational therapy.
- Currently holds a professional membership with ILRTA and has been a member for a minimum of one year.
- Has made significant contributions that promoted the growth of therapeutic recreation/recreational therapy.
- Has promoted therapeutic recreation/recreational therapy through ILRTA, agency, presentations, publications, and/or media during the last year.

Previous winners include, but are not limited to: Martha Judge, Susan Quatrocchi-Tubin, Peggy Holmes-Layman, Norma Stumbo, Pat Malik, Sheila Swann-Guerrero, Kathleen Cunningham, Marcia Carter, Dorothea DiGuido, Heewon Yang.

**Outstanding Program/Agency**

- Must have an ILRTA member on staff.
- Has significantly served the needs of persons with disabilities and/or has promoted the growth of therapeutic recreation/recreational therapy.

Previous winners include, but are not limited to: Cunningham Children's Home, Moraine Valley Community College, OSF St. Francis, Quality Care Consulting, Ingalls Hospital Rehabilitation Unit Pet Therapy Program, Christ Advocate Medical Center Recreation Therapy Intern Program, Kishwaukee Special Recreation Association.

**Return completed form, electronically to: [ILRTA\\_office@yahoo.com](mailto:ILRTA_office@yahoo.com) or by U.S. Mail to the attention of the ILRTA Board, P.O. Box 587, Oak Forest, IL. 60452.**

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PLEASE USE ONE FORM PER NOMINATION

**Nominee's Information:**

Nomination is for (check one):

Professional of the Year \_\_\_\_\_ Outstanding Program/Agency \_\_\_\_\_

1. Name of Professional of the Year Nominee: \_\_\_\_\_

Has the professional been a member of ILRTA for at least one year? Yes \_\_\_\_\_ No \_\_\_\_\_

OR

2. Name of Outstanding Program/Agency:

Name of ILRTA staff member: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

**Nominator's Information**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Please indicate why you think your nominee is qualified for an award. Please support your nomination by addressing the award criteria. If additional space is needed, please attach separate sheet

