

Western Region Chapter,

American Music Therapy Association, Inc.

**Professional Award Nomination Form**

Please complete this form for each nomination

NAME OF AWARD

NAME OF NOMINEE CREDENTIAL

TITLE [\*AMTA MEMBER NUMBER \_\_\_\_\_\_\_\_\_\_\_\_]

ADDRESS

CITY STATE ZIP

PHONE

NAME OF NOMINATOR CAPACITY

ADDRESS

CITY STATE ZIP

PHONE DATE SUBMITTED

SIGNATURE

For the Betty Isern Howery Award, Service Award, Professional Practice Award and Publications Award, please describe the professional accomplishments and personal characteristics that the nominee has demonstrated as outlined in the selection criteria; especially, those for which you have firsthand knowledge. For the Advocacy Award, please describe how the individual or organization advocates for music therapy or music therapists.

For all awards, please limit your remarks to the front and back of the narrative page. If the individual or organization you are nominating does not have high visibility on the regional level, please include resume/vitae or supportive documentation of the nominee.

Please submit this form, the narrative, and any attachments so that they are emailed no later than midnight, PST, **February 22, 2012,** to:

**Maureen C. Hearns**

WRAMTA President

E-mail: maureen.hearns@usu.edu

\*Nominee must be a current member of AMTA, with exception of the Advocacy Award. Verification will be completed by WRAMTA President. Please insert membership number of nominee, if available.