** PAPRS**

**PENNSYLVANIA ASSOCIATION FOR PSYCHIATRIC REHABILITATION SERVICES**

**2018 Psychiatric Rehabilitation Service Awards**

**Nomination Form**

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| --- | --- |
| **Name of Person/Agency/Program being nominated** |  |
| **Nominee Agency Name** |  |
| **Nominee Phone Number** |  |
| **Nominee Email Address** |  |

**Nominated for:** select one

Distinguished Career Award:

Distinguished Advocate Award:

Distinguished Practitioner Award:

Outstanding Program Award:

**Brief Description of why they are being nominated for this award:**

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| --- |
|  |

**Name of who is making the nomination:**

**Contact Information: Phone #:**

**Email Address:**

**Please email this form to** [**mwals1@allied-services.org**](mailto:mwals1@allied-services.org)