** PAPRS**

**PENNSYLVANIA ASSOCIATION FOR PSYCHIATRIC REHABILITATION SERVICES**

 **2018 Psychiatric Rehabilitation Service Awards**

**Nomination Form**

|  |  |
| --- | --- |
| **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:**

|  |
| --- |
|  |

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

**Contact Information: Phone #:**

 **Email Address:**

**Please email this form to** **mwals1@allied-services.org**