

ROTARY CLUB OF ROME
“HEALTHCARE PROFESSIONAL OF THE YEAR” NOMINATION FORM

NOMINEE’S NAME _____

NOMINEE’S ADDRESS _____

NOMINEE’S PHONE NUMBER _____

NOMINEE’S EMPLOYER (IF ANY) _____

NOMINATOR’S STATEMENT OF SUPPORT *(PLEASE STATE YOUR REASONS FOR NOMINATING THIS INDIVIDUAL AND INCLUDE EXAMPLES OF HOW THIS NOMINEE HAS DEMONSTRATED COMMITMENT TO HIS/HER PROFESSION AND HIS/HER COMMUNITY WITH DIGNITY, RESPECT, EXCELLENCE, INTEGRITY AND COMPASSION. A LIST OF LICENSED HEALTH PROFESSIONS APPEARS ON THE REVERSE SIDE OF THIS FORM.)*

PROFESSIONAL COMMITMENT: _____

COMMUNITY COMMITMENT: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

NAME OF
NOMINATOR _____

ADDRESS _____

PHONE NUMBER: HOME _____ WORK _____

EMAIL _____

**MAIL COMPLETED NOMINATION FORM TO ROTARY CLUB OF ROME, HEALTHCARE PROVIDER OF THE
YEAR COMMITTEE, P.O. Box 655, ROME, NY 13442-0655. NOMINATIONS MUST BE RECEIVED BY
MAY 15, 2009.**

NEW YORK STATE LICENSED HEALTH PROFESSIONS

ACUPUNCTURE

ATHLETIC TRAINING

AUDIOLOGY

CHIROPRACTIC

CLINICAL LABORATORY TECHNOLOGY

DENTISTRY

- DENTISTS
- DENTAL ANESTHESIA/SEDATION
- DENTAL HYGIENISTS
- CERTIFIED DENTAL ASSISTANTS

DIETETICS-NUTRITION

MASSAGE THERAPY

MEDICAL PHYSICS

MEDICINE

- PHYSICIANS
- PHYSICIANS, 3-YEAR LIMITED LICENSE
- PHYSICIAN ASSISTANTS
- SPECIALIST ASSISTANTS

MENTAL HEALTH PRACTITIONERS

- CREATIVE ARTS THERAPY
- MARRIAGE AND FAMILY THERAPY
- MENTAL HEALTH COUNSELING
- PSYCHOANALYSIS

MIDWIFERY

NURSING

- REGISTERED PROFESSIONAL NURSES
- NURSE PRACTITIONERS
- LICENSED PRACTICAL NURSES

OCCUPATIONAL THERAPY

- OCCUPATIONAL THERAPISTS
- OCCUPATIONAL THERAPY ASSISTANTS

OPHTHALMIC DISPENSING

OPTOMETRY

PHARMACY

- PHARMACISTS

PHYSICAL THERAPY

- PHYSICAL THERAPISTS
- PHYSICAL THERAPIST ASSISTANTS

PODIATRY

PSYCHOLOGY

RESPIRATORY THERAPY

- RESPIRATORY THERAPISTS
- RESPIRATORY THERAPY TECHNICIANS

SOCIAL WORK

SPEECH-LANGUAGE PATHOLOGY

VETERINARY MEDICINE

- VETERINARIAN
- VETERINARY TECHNICIAN