



**National Association of Activity Professionals**  
Email: [Office@naap.info](mailto:Office@naap.info)  
Website: [www.naap.info](http://www.naap.info)

## **Award Recommendation Form**

### **Activity Assistant of the Year**

Please respond to **all** of the following on a separate sheet(s) of paper in a **typed** format. Include the statements/questions at the beginning of your response. You **must** follow this format to be eligible.

1. List the professional memberships held and involvement/contributions to professional Activity Associations, including office(s) or committee positions held.
2. List time commitment/contributions to an Activity Professional Association in his or her area, e.g., one time commitment, 1-2, 3-4, 4-5, or 7 or more year commitment \_\_\_\_\_.
3. Number of years working as an Activity Assistant \_\_\_\_\_.
4. List and describe the individual's job experience, and any special skills he or she possesses and list and describe any projects the individual has overseen, which enhanced the activity department's programs.
5. List any certifications, e.g., Activity Professional – Board Certified (AP-BC) from NAAPCC, Activity Assistant Certified (AAC) from NCCAP, Registered Music Therapist (RMT), etc. (**NOT** certificates of participation or attendance) and other education relevant to the Activity Profession.
6. List other awards or special recognitions received throughout the individual's career.
7. What is the individual's highest level of formal education \_\_\_\_\_.
8. In your own words, describe why you feel the individual stands out and is deserving of this award. Cite examples of: ways the individual has enhanced the quality of life for residents; successful activity program(s) the individual has instituted and continues to carry out; and successful activities implemented for low-functioning residents.
9. **DO NOT include any identifying information on this form, e.g., name, facility, state, association name(s), etc. (Points are deleted for this action)**

Please sign and date this form giving your permission to make copies of all documents for the NAAP Awards Committee to review. Attach this form to the front of the document being submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_