

TEXAS OPTOMETRIC ASSOCIATION

Awards Nomination Form

The TOA Awards Committee requests your nominations for the following awards. Please type or print the name of your nominee for each award then FAX to 512-326-8504 or MAIL to TOA, 3011 N. Lamar Blvd., Suite 300, Austin, TX 78705 or E-MAIL toa@txeyedoctors.com.

Awards Nomination Guidelines:

- ❖ The nominations may be made by an optometrist or optometric society.
- ❖ All nominations must be submitted on the official entry form and received by the TOA office no later than January 5, 2019.
- ❖ The TOA Awards Committee will review the nominations and select an award recipient.
- ❖ Substantiating material should be submitted on an attached sheet of paper stating your reasons for each nomination.

1. **Optometrist of the Year Award** - TOA member optometrist who has rendered outstanding service to the activities and projects of the Association or to the ideals and purposes to which the Association is dedicated. This award is intended to be used to designate one whose cumulative service to the time of presentation has reached proportions that merit recognition.

Name of Nominee _____

2. **Young Optometrist of the Year Award** - TOA member optometrist **40 years of age or younger**, who has rendered outstanding service in discharging the responsibilities of professional leadership on local, state or national levels; who has demonstrated by action the highest regard for the ethics and ideals of the TOA, and whose actions have reflected credit upon the profession of optometry.

Name of Nominee _____

3. **William D. Pittman, O.D. Award** - TOA member optometrist, **in practice at least 25 years**, who has rendered outstanding service and long term dedication to the citizens of Texas and the profession of optometry.

Name of Nominee _____

4. **Public Service Award** - This award is presented to persons or organizations outside the profession of optometry for outstanding service and dedication to the cause of visual conservation.

Name of Nominee _____

5. **Mollie Armstrong Leadership Award** - TOA member optometrist, **in practice at least 10 years**, who has rendered service to the visual welfare of Texans. This award recognizes an optometrist who has performed significant public service for the visual welfare of others, for educational institutions and organizations, research programs or for civic and community groups.

Name of Nominee _____

This nomination was submitted by _____ Society _____
(please print)

Phone# () _____ Email _____

Please return to the TOA office by January 5, 2019 and thank you for your assistance in helping to recognize these individuals.

Awards will be presented during the 2019 Annual TOA Summit (Convention)

TEXAS OPTOMETRIC ASSOCIATION

Optometric Staff Member of the Year Nomination Form

The TOA Awards Committee requests your nominations for the following award. Please type or print the name of your nominee and information below then **FAX** to 512-326-8504 or **MAIL** to TOA, 3011 N. Lamar Blvd., Ste. 300, Austin, TX 78705 or **E-MAIL** toa@txeyedoctors.com.

Awards Nomination Rules:

- ❖ That candidate's optometrist must be a member in good standing of the TOA.
- ❖ The nomination must be submitted to the TOA no later than January 5, 2019
- ❖ The nomination must be submitted by one of the following:
 - A state or local optometric organization
 - A TOA member optometrist
- ❖ The nomination must be submitted on the official nomination form.
- ❖ Nominations may be resubmitted in future years.

Criteria:

1. Service to optometry.
 - Office competency - office management and technical skills.
 - Service to paraoptometric associations (state, regional, national) as an officer, committee chairperson, member, etc. and support of the association projects.
2. Public Service - Participation in public information activities, vision screening projects, service with sight saving groups, etc.
3. Personal Endorsement - Why you feel your nominee should be selected the Optometric Staff Member of the Year.

Nominee _____

Office Address _____

City _____ State _____ Zip _____

Office Phone () _____ Home Phone () _____

Nomination Submitted by (individual or group):

Name _____ Date _____

Title _____ Office Phone () _____

Association _____

Office Address _____

City _____ State _____ Zip _____

*Please make sure to attach reasons to support your nomination and return to the no later than **January 5, 2019**.
Thank you for your assistance in helping to recognize this individual.*