

**2021 Honors Official Nomination Form- DUE FEBRUARY 12, 2022**

**Email: [info@socalarttherapy.org](mailto:info@socalarttherapy.org)**

**Section I: NOMINEE AND AGREEMENT**

\_\_\_\_\_  
(Type or write the nominee's name in the box above).

\_\_\_\_\_ Yes, I have obtained this nominee's agreement to receive this honor.

\_\_\_\_\_ No, I have not obtained this nominee's agreement to receive this honor.

**Section II: AWARD TYPE (Check a box to indicate which award you wish our nominee to receive. Please only include one award type per nominee and application.)**

\_\_\_\_\_ Art Therapy Clinician Award

\_\_\_\_\_ Distinguished Educator Award

\_\_\_\_\_ Distinguished Service Award

**Section III: NOMINATION CONTACT INFORMATION (Type or write your contact information below.)**

Nominator's Name: \_\_\_\_\_

Nominator's E-mail Address: \_\_\_\_\_

Nominator's Phone Number: \_\_\_\_\_

Nominator's Mailing Address: \_\_\_\_\_

Nominator's AATA Membership ID: \_\_\_\_\_

**SUPPORTING MATERIALS**

Include the following:

\_\_\_\_\_ Complete Nomination Form

\_\_\_\_\_ All Supporting Materials for the Specific Award Type (See guidelines and overview in appendices A, B, C.)

**NOMINATOR SIGNATURE:**

Nominator Signature- I wish to nominate the individual listed above for the award indicated. I have, furthermore, read through the qualifications, checklist, overview, and selection criteria and have included all necessary documents for the award type marked above for this nomination.

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

## **Appendix A**

**Art Therapy Clinician Award** Is conferred on a Professional member of the Association in recognition of significant contributions of work with clients, rather than service to the Association or contributions to the field of art therapy in general. The ATCA is awarded for outstanding service in one of the following categories: **Adult Services; Adolescent Services; Child Services; Family Services; or General Services.**

### **ATCA Qualifications**

The contributions of nominees for ATCA should be viewed from three (3) broad perspectives:

1. reason for the nomination in one of the five clinical categories;
2. other information pertinent to substantiating the nominee's work in the category named.; and
3. endorsement from the nominee's supervisor, clinical director, colleague, or program administrator who is familiar with the nominee's actual performance.

### **ATCA Nomination Checklist**

**A nomination for ATCA shall be considered complete with the following:**

1. The official nomination form completed by the nominating Professional member of the Association.
2. A letter from the nominator (word or PDF format) detailing:
  - a. Significant contributions of work with clients and the reason for the nomination in one of the five clinical categories
  - b. Information pertinent to substantiating the nominee's work in the category named
3. Letter of endorsement from the nominee's supervisor, clinical director, colleague, or program administrator who is familiar with the nominee's actual performance. This may or may not be an Association Professional member.
4. The nominee's Curriculum Vitae (In word or PDF format).

**BE SURE TO DESIGNATE THE CLINICAL CATEGORY IN YOUR LETTER**

## **Appendix B**

**Distinguished Educator Award** is conferred on a Professional member of the Association in recognition of significant contributions to the education of professionals in the field of art therapy, specifically in the area of outstanding teaching and the development of innovative educational practices.

### **DEA Qualifications**

The DEA is conferred for outstanding teaching and education at an AATA approved program. The contributions of nominees for DEA should be viewed from three (3) broad perspectives:

1. major contributions to art therapy education;
2. creative achievements in art therapy education; and
3. supporting materials from the nominee's academic institution.

### **DEA Nomination Checklist**

**A nomination for DEA shall be considered complete with the following:**

1. The official nomination form completed by the nominating Professional member of the Association.
2. A letter (word or PDF) from the nominator detailing:
  - a. The nominee's major contributions to art therapy education: Please report the nominee's major contributions to art therapy education (i.e., recognition in teaching awarded by the nominee's academic institution), and/or to excellence in teaching.
  - b. The nominee's creative achievements in art therapy education. Please detail all contributions regarding original, imaginative and/or inventive art therapy educational accomplishments including the development of approaches adopted by others.
  - c. The nominee's excellence in teaching.
3. The nominee's Curriculum Vitae (word or PDF).
4. A letter from the art therapy program at which the nominee teaches (i.e., an individual in a supervisory position) supporting the nomination and detailing excellence in art therapy teaching and education at the nominee's academic institution.

## Appendix C

**Distinguished Service Award** is conferred on a Professional member of the Association in recognition of significant contributions to the field of art therapy, specifically in the area of the Association's internal development as well as its relationship with other organizations.

### DSA Qualifications

The contributions of nominees for DSA should be based on outstanding services to the Association.

### DSA Nomination Checklist

**A nomination for DSA shall be considered complete with the following:**

1. This official nomination form completed by the nominating Professional member of the Association
2. A letter written by the nominator detailing:
  - a. The nominee's major contributions to the field of art therapy or to a specific area within the profession:
  - b. The nominee's contribution to the Association or to the professional advancement of art therapy: Please detail all contributions with specific emphasis in the area of the Association's internal development as well as its relationship with other organizations. Include the following applicable information:
    - i. **AATA committees.** Please detail nominee's committee(s) involvement.
    - ii. **AATA governance.** List nominee's Board service and whether an office was held including chapter level involvement
    - iii. **Educating the public about art therapy and AATA.** Specify nominee's involvement in education the public about art therapy through presentations or articles for the public about art therapy and/or media presentations (TV, radio, web, etc.) about the field.
    - iv. **The nominee's creative achievements in the arts related to art therapy.** Document nominee's involvement in creative achievements in the arts related to art therapy, personal art making. Include how personal artistic identity is maintained through ongoing art making. Please indicate the number of exhibitions of group and individual invitational shows and juried art exhibitions.
    - v. **Relationships with other organizations.** Describe nominee's history of interfacing with, serving as liaison to, and/or serving on boards for other creative arts, mental health related, and/or other professional associations.
3. Provide the nominee's Curriculum Vitae in Word or PDF format

**ALL AWARDS WILL BE PRESENTED AT THE ANNUAL GENERAL MEETING, FEBRUARY 26, 2022.**