

## HONOURING OUR INCREDIBLE MEMBERS

Every day, each of you does something so amazing, as an educator, a researcher and a clinician, that makes you worthy of an OPA award. That said, we only have time at the 72<sup>nd</sup> Annual Conference Award event to present a few Awards. Please take the time to nominate one of your colleagues for one of the awards listed below.

***THE OPA WILL RECOGNIZE OUTSTANDING MEMBERS AT OUR AWARD CEREMONY TO BE HELD ON NOVEMBER 15-16<sup>th</sup>, 2019 AT THE CONFERENCE LUNCHEON. THERE IS NO HIGHER HONOUR THAN TO BE RECOGNIZED BY YOUR PEERS – SO, MAKE THE DAY OF A SPECIAL COLLEAGUE – NOMINATE SOMEONE SPECIAL TODAY.***

**The Award of Merit:** The OPA's highest award honour an individual, group or organization that has made a significant or sustaining contribution to the profession of psychology and the OPA.

**The Dr. Ruth Berman Award:** Established to honour Dr. Berman for her years of service to the OPA as its Executive Director, this award will be granted to an Early Career Psychologist who demonstrates an exceptional effort in the promotion and enhancement of the profession and/or the OPA's activities.

**The Dr. Harvey Brooker Award for Excellence in Clinical Teaching:** Named after Dr. Brooker in recognition of his long-standing contributions to education in clinical psychology. This award is presented to a psychologist or psychological associate who exemplifies the highest standards of excellence in the clinical training of psychology students.

## NOMINATION FORM

TO NOMINATE A MEMBER, PLEASE COMPLETE THIS FORM, PROVIDE A SHORT DESCRIPTION OF WHY YOUR NOMINEE IS A WORTHY RECEIPT OF THE AWARD, AS WELL AS, AT LEAST TWO LETTERS PROVIDING DETAILED INFORMATION ABOUT THE NOMINEE'S ACCOMPLISHMENTS. PLEASE SCAN THE DOCUMENTS AND EMAIL THEM TO: [fleur@psych.on.ca](mailto:fleur@psych.on.ca) OR TO THE OPA OFFICE (ADDRESS BELOW) BY OCTOBER 30<sup>TH</sup>, 2019.

INDICATE THE AWARD THAT YOU FEEL YOUR NOMINEE SHOULD RECEIVE:

Award of Merit \_\_\_\_\_

Dr. Ruth Berman Award: \_\_\_\_\_

Dr. Harvey Brooker Award: \_\_\_\_\_

NAME OF THE NOMINEE: \_\_\_\_\_

NOMINEE'S EMAIL ADDRESS: \_\_\_\_\_

NOMINEE'S TELEPHONE NUMBER: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

YOUR TELEPHONE NUMBER: \_\_\_\_\_

DESCRIBE WHY YOUR NOMINEE IS WORTHY OF THE AWARD (50 WORDS OR LESS)