



OUTSTANDING PLAY THERAPIST

The purpose of the award is to recognize a Play Therapist in the state of Missouri for outstanding service and achievement.

1. Eligibility for Consideration:

- The nominee must be currently employed as a mental health professional and have completed three consecutive years in the field of Play Therapy.
- The nominee must be a MAPT member.
- The nominee must hold at least a Master's Degree.

2. Criteria for Recognition:

- The nominee should possess the personal qualities thought to be desirable in a Play Therapist.
- The nominee must have been responsible for innovations in play therapy, for providing leadership in the further development of play therapy, or for performing an outstanding service to the school or community.
- The activities or accomplishments recognized must have taken place within five years prior to the date of presentation.

3. Procedures for Nomination:

- A. Nominations may be submitted by administrators, mental health professionals, parents, teachers or community leaders.
- B. The nominator must submit a nomination packet, including:
 1. Completed MAPT Nomination Form to include description of job setting and demographic information.
 2. ONE page vita of nominee including documentation of licensure or certification.
 3. Letter of nomination listing the contents of the packet.
 4. Summary statement, NOT to exceed THREE pages, describing the program, activity or contributions occurring within the last five years for which the individual is nominated.
 5. TOTAL of ten letters of support to include letters from administrators, mental health professionals, teachers, parents and students/clients.

Submit application information, postmarked no later than May 13, 2009, to:

Lisa Nash
Award Nominations
1531 E. Sunshine St Ste W29
Springfield, MO 65804-1237
Fax: (417) 887-9950



SUGGESTIONS FOR PREPARING NOMINATIONS PACKETS

These suggestions are made by members of the MAPT Awards Committee:

1. Description of job setting including demographic information.
2. Address letters to:

Lisa Nash
Award Nominations
1531 E. Sunshine St Ste W29
Springfield, MO 65804-1237
Fax: (417) 887-9950
3. Letters should discuss contributions to the field of Play Therapy with a limit on the superlatives.
4. If you receive more than five letters of nomination, select the five you feel best describe the nominee's worthiness for recognition. Retain additional letters to include in the original nomination packet which can later be presented to the nominee.
5. Make **FOUR** copies of nomination packet and forward to the MAPT Awards Committee.
6. If nominee is not the recipient of the MAPT state award, you may re-submit the nomination packet the following year.



NOMINATION PACKET

This packet contains the following required pages:

- Completed MAPT Nomination Form
- One page vita including documentation of licensure or certification
- Letter of nomination listing contents of packet
- Summary statement, not to exceed three pages, describing program, activity or contributions occurring within the last five years
- Total of five letters of support from:
 - administrators students teachers
 - parents mental health professionals

ELIGIBILITY:

- Currently employed as a mental health professional
- Completed three consecutive years in the field of Play Therapy
- MAPT member
- Hold a Master's Degree or beyond

CRITERIA FOR RECOGNITION:

- Possesses the personal qualities desirable in a Play Therapist
- Responsible for innovations in Play Therapy
- Leadership in further development of Play Therapy
- Activities or accomplishment recognized must have taken place within five years prior to the date of presentation

Additional Notes:



**Missouri
Association
for Play Therapy**



OUTSTANDING PLAY THERAPIST NOMINATION FORM

NOMINATION CATEGORY: (CIRCLE ONE)

Helen Mathews Outstanding Play Therapist Award
Play Therapy in the School Setting

Kathryn Boone Outstanding Play Therapist Award
Play Therapy in the Private, Agency Setting

NOMINATOR: MAPT Member (?) _____ YES _____ NO

Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

NOMINEE: MAPT Member (?) _____ YES _____ NO

Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Present Position: _____

Description of job setting including demographic information: