



# Lifetime Achievement Award

## Awards of Excellence

### Purpose

The Association for Play Therapy (APT) acknowledges outstanding lifetime achievement that develops, promotes, or advances the value of play, play therapy, or credentialed play therapists.

### Criteria

The Play Therapy Lifetime Achievement Award will be presented to a nominee who:

1. Is or, if retired, has been an APT Professional member in good standing.
2. Abided by the code of ethics, standards of practice, and all other legal standards or requirements promulgated by those authorities from which nominee has been granted a license or certification.
3. Generated a body of consistent achievement, outstanding leadership, including contributions and services, for 25 or more years that significantly advanced the field and image of play therapy and/or the programs and activities sponsored by APT, its Foundation for Play Therapy, and/or its chartered branches at a National/International level.
4. Is nominated by three or more APT Professional members in good standing.
5. Is endorsed by two past Lifetime Achievement Award recipients.

This award is not regularly presented but presented only when merited to one or more individuals. Limit one Awards of Excellence per eligible recipient per year.

### Benefits

The award recipient is honored during the next APT Annual Conference.

### Selection Process

1. Nominator and at least two additional APT Professional members in good standing and have personal knowledge of the service of the Nominee, must post their own contact information, sign the Nomination Form, and be prepared to resolve any discrepancies. Self-nominations are strictly prohibited.
2. Nominator must post all Nominee's achievements and service for which points are requested in the Achievements column on the Evaluation Sheet. APT will assign points for Achievements in the Points column.
3. Nominator must submit completed a) Nomination Form and b) Nominee's resume/vita to APT by **March 31**.
4. Completed applications will be sent to the past Lifetime Achievement Award recipients for endorsement.
5. If Nominee is selected, Nominee and Nominator will be advised by April 20. If not selected, only Nominator will be advised.

### Previous Recipients

**2005** Garry Landreth; **2006** Charles Schaefer, Louise Guernsey; **2007** None; **2008** Diane Frey, Violet Oaklander; **2009** Eliana Gil; **2010** None; **2011** John Allan; **2012** None; **2013** Linda Homeyer; **2014** Terry Kottman; **2015** Kevin O'Connor; **2016** Sue Bratton



# Lifetime Achievement Award – Nomination Form

## Awards of Excellence

**Nominators:** To submit an award nomination, please:

- Review the above award purpose, criteria, benefits, and selection process
- Complete this Nomination Form and submit with supporting materials to CEO Kathryn Lebbly at [klebbly@a4pt.org](mailto:klebbly@a4pt.org), no later than **March 31**.

### **Nominee**

I, the Nominator, hereby nominate the below APT Professional member:

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ License: \_\_\_\_\_ Mental Health Discipline: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

By our signatures below, we attest that we are each an APT Professional member in good standing and, in compliance with our ethical standards, that the information on behalf of the nominee herein is accurate and complete.

### **Nominators**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

I have checked this box to attest that I endorse this nomination.  Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

I have checked this box to attest that I endorse this nomination.  Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

I have checked this box to attest that I endorse this nomination.  Date: \_\_\_\_\_

### **Please identify two previous lifetime award winners who have agreed to endorse this nominee.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_



# Lifetime Achievement Award – Evaluation Form

## Awards of Excellence

**Nominators:** Post each entry as a separate and distinctive entry in the Achievements column if they occurred within the 25-plus year period indicated in the Nominee section above. Be brief and specific. Incomplete information or information not posted here is not considered.

**Evaluators:** To ensure that this process is conducted ethically and transparently, please excuse yourself from this process if you are affiliated with one or more of the nominees. Evaluate this nomination by assigning a score in the points column for each criterion below, add comments if desired, and submit this form to CEO Kathryn Leiby at [klebby@a4pt.org](mailto:klebby@a4pt.org), no later than **April 15**.

Nominee: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

#	CRITERIA & VALUES	ACHIEVEMENTS <i>(by Nominator)</i>	POINTS <i>(by Evaluator)</i>
1	<p><b>RESEARCH:</b> <u>Conducted substantial quality and/or quantity of original research that significantly advanced the field of play therapy.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Describe nature, significance, and impact of specific research (limit 75 words):</i></p>	<p>Score:</p> <p>Comments:</p>
2	<p><b>INSTRUCTION / CONTINUING EDUCATION / SUPERVISION:</b> <u>Provided substantial quality and/or quantity of play therapy graduate instruction, continuing education, and/or supervision that advanced the field of play therapy.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Describe nature, significance, and impact of specific instruction, continuing education and/or supervision (limit 75 words):</i></p>	<p>Score:</p> <p>Comments:</p>
3	<p><b>PUBLIC EDUCATION / PROMOTION:</b> <u>Conducted substantial quality/quantity of public education or promotion that significantly advanced the field of play therapy.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Describe nature, significance, and impact of specific public education or promotion (limit 75 words):</i></p>	<p>Score:</p> <p>Comments:</p>

4	<p><b>SERVICE:</b> <u>Contributed substantial service to the Association for Play Therapy or its Foundation for Play Therapy or its Chartered Branches that significantly advanced the field of play therapy.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Describe nature, significance, and impact of specific service (limit 75 words):</i></p>	<p>Score:</p> <p>Comments:</p>
5	<p><b>CLINICAL SERVICE:</b> <u>Provided direct clinical service that emphasized the use of play therapy.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Describe nature, significance, and impact of specific clinical service (limit 75 words):</i></p>	<p>Score:</p> <p>Comments:</p>
6	<p><b>SINGLE REASON:</b> <u>Name the single or most compelling reason why nominee merits consideration for and selection to receive this prestigious award.</u></p> <p>1 – Unacceptable 2 – Acceptable 3 – Appreciated 4 – Impressive 5 – Exceptional</p>	<p><i>Name and explain single specific reason why nominee merits award ((limit 25 words):</i></p>	<p>Score:</p> <p>Comments:</p>
<p><b>TOTAL POINTS</b></p> <ul style="list-style-type: none"> <li>▪ 25 points total required for consideration of award nomination</li> <li>▪ Ties will be broken by committee reconsideration of item #6.</li> </ul>			<p><b>Total:</b> <b>/30</b></p>
<p><b>By Evaluator:</b> Does this nominee merit selection to receive the Lifetime Achievement Award?</p>		<p>Yes <input type="checkbox"/> or No? <input type="checkbox"/> Why (limit 25 words)?</p>	