

REFLEXOLOGY ASSOCIATION OF AMERICA CONFERENCE AWARD NOMINATION FORM

As a member of RAA do you know of another member who deserves recognition for an outstanding contribution to the field of Reflexology? Awards will be presented during the conference.

Your Name: _____

Your Phone Number _____ Email _____

Award Nominee's Name: _____

Nominee's Phone Number: _____ Email: _____

Will you be attending the 2010 conference? Yes _____ No _____

➔ Will your nominee be attending the conference? Yes__No__

Please answer the following questions pertaining to your nominee, attach additional paper.

1. How long has the nominee been practicing reflexology? Full time or part time?
2. Where did the nominee attend school? Is he/she nationally certified?
3. What is the nominee's scope of practice? For example, what methods of reflexology does she/he practice?
4. What is the setting of her/his work: home-based, clinical, office, spa, etc.?
5. What sets your nominee apart from other reflexologists?
6. Is she/he politically active with legislative issues concerning the right to practice reflexology?
7. Is she/he active within their state association or volunteer for RAA?
8. Does she/he provide public education on reflexology through classes, public awareness programs, or self-help classes?
9. Additional comments:

Please mail nominations by February 1, 2010 to:

RAA Administration Office- Nomination

PO Box 714 Chepachet, RI. 02814

You will be notified, confidentially, if your nominee is receiving an award.