



2025 Jerry Bentley NBOTC Occupational Therapy Practitioner Award of Excellence

Award Description

The Jerry Bentley Occupational Therapy Practitioner Award of Excellence was established in 2024 to commemorate the 50th anniversary of the NBOTC. This award, named in honor of NBOTC Co-Founder Ms. Jerry Bentley, recognizes an OTP (OT or OTA) that embodies the vision of the founders and demonstrates a long-standing commitment to the mission of NBOTC, service, and leadership to the profession through the NBOTC and state, national level, or international level. Additionally, the OTP should demonstrate a commitment to social and occupational justice, advocacy in the profession, and professional excellence. The awardee should have at least 10 years of experience in the field of occupational therapy, contribute above and beyond their typical job responsibilities, and demonstrate a sustained membership and involvement to professional organizations including NBOTC. This individual demonstrates exceptional contributions to the profession through practice, education, research, service, and/or advocacy. A nominator may submit a nomination for an OTP or may submit a self-nomination. One honor will be awarded annually.

Application Deadline: Sunday March 16, 2025

Eligibility criteria

1. An OT or OTA with financial membership with the NBOTC for a minimum 2 consecutive years prior to nomination.
2. At least 10 years of experience as an OTP.
3. Demonstrate a sustained record of leadership and service to the profession, the NBOTC, and other professional organizations at the local, state, national, or international level.
4. Demonstrate significant professional contributions to the profession in at least two or more of the following areas: practice, education, research, advocacy



NBOTC
National Black Occupational Therapy Caucus

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Nominee Name (Last, First):

Nominee Credentials: _____

Nominee Street Address: _____

City: _____ State: _____ Zip code: _____

Nominee E-mail Address: _____

Nominee Phone Number: () _____ Nominee Alternative Number: () _____

How long has the nominee been an Occupational Therapy Practitioner (in years)? _____

Nominator's Name (Last, First):

Nominator's Credentials: _____

Nominator E-mail Address: _____

Nominator Phone Number: () _____

Nominator Alternative Number: () _____

Please list nominee's professional memberships (e.g. NBOTC, AOTA, state level associations, etc.)



NBOC
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Statement of Impact: Please describe the nominee’s professional involvement. This can include the type and length of involvement in service, leadership, and/or advocacy, development of new and novel practices and/or systems. Additionally, please describe other evidence of impact which may include awards or recognition for professional contributions. (Limit: 500 words max)

I confirm that the information provided is truthful and accurate.

Nominator Signature and Date: (electronic or pen and ink):
