

HEALTH CARE PROFESSIONAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What profession does the nominee specialize in: _____

The Health Care Professional of the Year is given to a licensed, certified, registered and/or health professional that has made extraordinary contributions to the rehabilitation and employment of people with disabilities. In the space below write a narrative describing what the individual has done to make life easier for people with disabilities to become employed. After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107.

Signature of nominee: _____