

Barb Knothe Burn Therapist Achievement Award Committee Members

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|---|--|
| Full Name and Title (as you would like it to appear on future printed material: | |
| Degree(s) | |
| Address (where you would like to receive mail) | |
| Preferred Phone | |
| Preferred Fax | |
| Email | |
| Primary Place of Employment | |
| Other Professional work affiliations | |
| Number of years in Burn Care | |
| Specialty (if any) | |
| Number of years as ABA member | |
| Offices/committees held within ABA | |
| Membership of other professional organizations | |
| Please list all professional burn publications, articles, presentations, etc. (attach additional sheets as necessary) | |

Please complete the following form and send to:

Jonathan Niszczak, MS, OTR/L
Bio Med Sciences, Inc,
7584 Morris Court, Suite 218
Allentown, PA 18106