

Barb Knothe Burn Therapist Achievement Award Committee Members

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