

RECOMMENDATION FOR HONORARY ASSOCIATE

As Academic Coordinator of Clinical Education, I would like to recommend that the following Center Coordinator of Clinical Education or Clinical Instructor be appointed as an Honorary Associate of the Physical Therapy Program, Department of Orthopedics and Rehabilitation, School of Medicine and Public Health, University of Wisconsin-Madison for the two year period of **July 1, 2009 - June 30, 2011**. The recommended Center Coordinator of Clinical Education or Clinical Instructor has exhibited a commitment to clinical education and to working with UW-Madison students.

Has your name changed since you were last appointed? If so, please note your former **and** current name. If your name is the same, please record your name in the same way it appeared on last year's appointment letter. If you are a new Honorary Associate, please record your name as it appears on your Social Security card.

(Please **PRINT** or **TYPE** All Information in the form)

_____	_____
Last Name First Name Middle Initial	Former Last Name
_____	Female _____ Male _____
Social Security Number	Birth Date _____
_____	In the PAST YEAR , did you hold an active Honorary Associate appointment?
Institution/Facility Name	_____ Yes _____ No
Street (Work Address)	_____

City State Zip	


Work Phone	

NOTE: WE MUST HAVE ALL THE INFORMATION COMPLETED IN BOXED AREA TO PROCESS.

Signed: _____ Dated: _____
Sue Wenker, PT, MS, GCS, ACCE

Forms must be received on or before April 30, 2009. Mail to:

Sue Wenker, PT, MS, GCS, ACCE
Physical Therapy Program
University of Wisconsin-Madison
1300 University Ave, 5170 MSC
Madison WI 53706-1532

 **Please remember to attach your Abbreviated Resume!**