

## **SCWCEA Inspiration Award Application**

This application must be received by the SCWCEA office no later than June 1 in order to be considered.

The South Carolina Workers' Compensation Educational Association (SCWCEA) is accepting applications to acknowledge the successes of an injured worker and their workers' compensation team. The recipient(s) will be recognized during the SCWCEA's Annual Educational Conference in the fall.

Any current member in good standing with the SCWCEA may nominate a candidate by submitting an application and supporting

documents to: SCWCEA

PO Box 1496

Columbia, SC 29202 Fax: 803.429.4275 Email: alexa@scwcea.org

There is no requirement that the award be bestowed annually and no more than one award will be given in a single year.

All recipients must receive a strong endorsement by the SCWCEA Inspiration Award Committee and Board of Directors.

## REQUIREMENTS

## All candidates:

- 1. Nominations must be submitted by an active SCWCEA member.
- 2. Injured Worker must have been a part of the SC Workers' Compensation system
- 3. Injured Worker has consented to nomination of this award

APPLICATION FORM FOR SELECTION							
Name (	of Injured Worker						
Name (	of Member submitting application						
Organi	ration of member						
Addres	S	City	State	Zip			
Phone		Email					
1.	Was the injured worker's case handled by t Year of Injury	ionals involved in the care and t	treatment of this injur	ed			
2.	Were there innovative approaches to treatment?  Yes No If so, please explain						

## Please attach additional sheets if needed.

Pho	ne:		Email:	
Nominated by:			Date:	
	by adjusters, nurse case man			as well as any significant enorts made
	were handled, accommodation	ons made by the employe	er, actions taken by	es that were overcome and how they employer to facilitate recovery from as well as any significant efforts made

If the Inspiration Award Committee or Board has additional questions, you may be contacted.