

Charles A. Lewis Excellence in Research Award



**American Horticultural
Therapy Association®**

Nominator

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail _____

Purpose

- To HONOR Charles A. Lewis, a pioneer in the field of people-plant interaction and innovative horticultural programs throughout the community.
- To RECOGNIZE research scientists who have published outstanding horticultural therapy research in horticultural or medical journal.
- To PROVIDE an incentive to contribute evidence-based research that shows horticultural therapy.
- To INCREASE the awareness of research-based finding supporting the health benefits offered from horticulture.

Minimal Requirements

- Wrote at least one research paper that has been published in a peer-reviewed horticultural science or medical journal within the last 2 years.
- The article must be in reference of applied horticultural therapy research or the broader area of people plant interaction.
- The research design must use a statistical measure.
- Review articles, philosophy and theory articles, program descriptions, and other non-research articles are not accepted for this award, even if the article was published in a referred journal.

DEADLINE FOR RECEIVING NOMINATIONS IS APRIL 30, 2013

This award is based on the publication of outstanding horticultural therapy research in a professional horticultural or medical journal. The research must have been published within the previous 2 years. (September 2012 to April 2013)

Publication

Publication citation (authors(s), article title, journal name publication date, volume, and page numbers).

Please include a copy if the paper with this nomination.

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Principal Investigator

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail _____

Each nomination package must include this form, plus:

- A copy of the research article that is being submitted for consideration.
- A statement explaining why you believe this research and the author(s) qualify for the award.
You may attach limited supplementary information supporting the nomination, if appropriate.
- One other reference from a colleague or employer of the nominee. If self-nominated, you must include 2 additional references.

Signature of Nominator _____

SUBMISSION INSTRUCTIONS: Please mail all information to Matthew Wichrowski, 820 Hubal Street, Bohemia, NY 11716.