



Arizona Physical Therapy Association

PT & PTA of the Year - Call for Nominations

Instructions:

Nominating criteria: Must be a member of the American Physical Therapy Association, Arizona Chapter.

Submit

- Letter of nomination
- Approved nomination form
- Curriculum Vitae (2-3 pages – do not include educational courses attended)
- Letters of support are encouraged but not required

Deadline: August 15: Nomination Deadline
 Fall Conference: Presentation of Award

Please choose the areas pertaining to your nominee and elaborate on the salient points listed.
 Must have at least 3 of the following areas of excellence:

Clinical Skills	Community Service	Association Activities
• Years of experience	• Religious Community Involvement	• Offices Held
• Practice specialization area	• Civic Community Involvement	• Board positions held
• Teaching contributions	• School Involvement	• Committee activities
• Mentoring contributions	• Government Activity	• Meeting attendance (region, state, national)
• Postgraduate degrees	• Non-profit agencies	• Presentation at meetings (region, state, national)
•	• Neighborhood Involvement	• Advocacy (federal affairs, state affairs, PAC, etc.)
Administration/Professional Leadership	• Charitable foundations	• Political activities in support of the association
• Practice consultation	• Volunteer Activities	• Task force appointments
• Clinical management	•	•
• Administration	Educational Activities	Research
• Personnel management	• Teaching of:	• Poster presentations
• Mentoring	• In-services	• Platform Presentations
• State Board of PT	• Continuing education	• Case studies (published or presented)
• Federation activities	• Seminars	• Participation in ongoing clinical research
• Advocacy	• Professional curriculum	• Published research
•	• Clinical instruction	• Presentation of research at meetings (region, state, national, facility)

Deadline for receipt of nomination: **August 15**

Send nomination form with supporting information to: admin@aptaaz.org



**Official Nominating Form
Physical Therapist or Physical Therapist Assistant of the Year**

Nominee: _____ Award for Consideration _____

The number of years as a member of the APTA : _____

Nominated by: _____

Nominator's Telephone #: _____ Nominator's Email: _____

Please choose the areas pertaining to your nominee and elaborate on the salient points listed.
Must have at least 3 of the following areas of excellence (see instruction page):

1. Clinical Skills

2. Research

3. Association Activities

4. Community Service

5. Educational Activities

6. Administration/Professional Leadership

7. Other Comments

Send nomination form with supporting information to:
admin@aptaaz.org

You may expand this form or attach additional pages.