



**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)
• Post graduate degrees	• Non-profit agencies	• Presentation at meetings (region, state, national)
•	• Neighborhood Involvement	• Advocacy (federal affairs, state affairs, PAC, etc.)
<b>Administration/Professional Leadership</b>	• Charitable foundations	• Political activities in support of the association
• Practice consultation	• Volunteer Activities	• Task force appointments
• Clinical management	•	•
• Administration	<b>Educational Activities</b>	<b>Research</b>
• 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](mailto:admin@aptaaz.org)



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

Nominee: \_\_\_\_\_ Award for Consideration \_\_\_\_\_

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@apta.org](mailto:admin@apta.org)

*You may expand this form or attach additional pages.*