

Outstanding Advocacy in Neurologic Physical Therapy Award, Established 2017

Purpose: To acknowledge and honor a member of the Academy of Neurologic Physical Therapy who is an outstanding advocate for the neurologic physical therapy profession and/or individuals with neurologic dysfunction.

Eligibility / Criteria: as evidenced by the nomination packet, the individual must:

1. Be a current member of the Academy of Neurologic Physical Therapy, Inc., APTA
2. Have garnered support for a particular cause or policy directly related to the advancement of neurologic physical therapy and/or the physical therapy care of an individual patient or a group of patients with neurologic diagnoses on a local, state, national or international level through professional advocacy efforts above and beyond the norm.
3. Have contributed to the support or promotion of the neurologic physical therapy profession or neurologic patient populations through advocacy for improved quality of life or services via his/her leadership, engagement, programming and/or development. Activities may include innovative projects, pursuit of equipment or services, education, community mobilization, non-profit development, governance, or patient /family support programs.
4. Have the potential to impact a legislative or regulatory effort with positive outcomes seen in the physical therapy profession or for neurologic patient populations.

Procedure for Nomination:

1. Download the Nomination Form from the Academy of Neurologic Physical Therapy website www.neuropt.org or email the Executive Director at info@neuropt.org to have a copy emailed.
2. Nominations may be submitted by individuals and components of the Association.
3. The application deadline is **September 1st**.
4. The nominator is responsible for submitting the following documents in a single packet:
 - a. Nomination form
 - b. Condensed version of nominee's current CV, resume, or NIH biosketch specifically focusing on the criteria for selection; NOT TO EXCEED 4 PAGES; font must be 11pt or larger, margins 1 inch.
 - c. 2 (minimum) or 3 (maximum) letters of support that specifically address one or more of the criteria for selection. Each letter must NOT EXCEED 1 PAGE, font must be 11pt or larger, margins 1 inch.
5. Please send a scanned PDF copy of the nomination packet by email to info@neuropt.org . Or, if you are unable to scan, then please send one (1) original of the completed packet to:

Executive Director, Academy of Neurologic Physical Therapy
5841 Cedar Lake Road S. Ste 204
Minneapolis, MN 55416
952-646-2038
6. Individuals nominated and not selected for the award may be nominated in any subsequent year by the submission of a current nomination form and updated supporting documents.
7. Current members of the Board of Directors or the Awards Committee are not eligible for the award and shall not nominate, write letters of support, or endorse individuals for the award.

Nature and Notification of the Award:

1. After selection by the Academy of Neurologic Physical Therapy Board of Directors, award recipients will be notified by the President of the Academy prior to the CSM early-bird registration deadline, which is typically early November.
2. The award will be presented at the Academy of Neurologic Physical Therapy Business Meeting at the Combined Sections Meeting of that year. A plaque will be presented to the awardee, and the awardee will be featured on the Academy of Neurologic Physical Therapy web site.

NOMINATION FORM

Name of Nominee: _____ APTA#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____

email: _____

Nominating person or component information:

Name of Nominator: _____ APTA#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____

email: _____

Date: _____

Check here if you would like the nomination to be considered for next year in the event the individual is not selected this year.

Please send a scanned PDF copy of the nomination packet to info@neuropt.org by **September 1st**. If you are unable to scan, then please send one (1) original of the completed packet to:

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