

## **Outstanding Clinical Innovator in Neurologic Physical Therapy Award, Established 2017**

**Purpose:** To acknowledge and honor a member of the Academy of Neurologic Physical Therapy who translated recent evidence or emerging practice/business strategies into a program, initiative, or service to benefit patients/clients with neurologic impairment. The awardee should be individuals who led or co- led the implementation of this innovation and participated in monitoring its outcomes to measure its impact as well as success on the greater physical therapy community.

**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 participated in a leadership capacity (led or co-led) in the process of development, implementation, and monitoring of the innovation.
3. Have evidence that the innovation improved quality, capacity, or efficiency of services for populations with neurologic impairment.
4. Have been involved in the innovation phase of the project within the past five years.
5. Have disseminated the innovation at a state meeting, scientific presentation, or other forum.

### **Procedure for Nomination:**

1. Download the Nomination Form from the Academy of Neurologic Physical Therapy website [www.neuropt.org](http://www.neuropt.org) or email the Executive Officer at [info@neuropt.org](mailto: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 1<sup>st</sup>**.
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](mailto: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: \_\_\_\_\_

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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.

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

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