

## **PTA Clinical Excellence in Neurologic Physical Therapy, Established 2017**

**Purpose:** To acknowledge and honor a Physical Therapist Assistant who is a member of the Academy of Neurologic Physical Therapy whose major professional involvement and contributions are currently with the practice of neurologic physical therapy.

**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 been engaged in full-time clinical practice for at least five (5) years with a primary focus of service to neurologic patients.
3. Be currently treating neurologic patients.
4. Demonstrate evidence of providing superior clinical care for individuals with neurologic disorders
5. Be involved in mentoring activities to disseminate clinical expertise (i.e. supervising students, teach staff, etc.)
6. Have contributed to the overall development of physical therapy as a caring and scientific profession through clinical research or case studies, program development, presentation at continuing education, in-services or conferences.

### **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 Director 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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