

Early Career Professional Award in Neurologic Physical Therapy, Established 2015

Purpose: To support new professionals who are members of the APTA Academy of Neurologic Physical Therapy and show potential to make lasting contributions to the Academy of Neurologic Physical Therapy, by providing them financial assistance to attend CSM.

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

1. Be a current APTA Academy of Neurologic Physical Therapy member, and have been for at least 2 years.
2. Be a recent graduate of an entry-level PT or PTA program within the last 5 years.
3. Demonstrate early contributions from among the following: education (i.e. adjunct instructor, clinical instructor, residency faculty), research (i.e. research team, data collection, systematic review, publications, presentations), clinical practice (i.e. NCS, NCS prep, neurologic practice, neuro-residency), or community or professional service (i.e. Academy or SIG leadership or potential for it) related to neurologic PT.
4. Demonstrate the intention and potential to make lasting contributions to the Academy of Neurologic Physical Therapy.

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 to you.
2. Applicants may nominate themselves.
3. The application deadline is **August 1st**.
4. The applicant 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 Times New Roman 11pt or larger, margins 1 inch.
 - c. Essay discussing how attending CSM will help them in their career to advance the practice of neurologic physical therapy, and discussing their potential to contribute to the Academy of Neurologic Physical Therapy and neurologic PT practice; NOT TO EXCEED 1 PAGE; font must be Times New Roman 11pt or larger, margins must be 1 inch.
 - d. 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. Applicants not selected for the award but who are still eligible in subsequent years may apply again 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 in early November.
2. 3 physical therapists and 1 physical therapist assistant will be chosen for the award each year.
3. Award includes: financial support to attend CSM, specifically conference registration at the Early-bird rate (~\$450) and travel stipend (~\$500).
4. **Recipient Responsibilities:** Recipients must:
 - a. Attend at least 12 hours of educational sessions during CSM, half of which (4 sessions) must be Academy of Neurologic Physical Therapy programming
 - b. Attend at least one neurology SIG meeting and the CSM Academy of Neurologic Physical Therapy Business Meeting
 - c. Be interviewed for the Academy website Member Spotlight after CSM has ended

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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Minneapolis, MN 55416

952-646-2038