**Award for *Clinical* *Excellence* in Spinal Cord Injury Care or Service**

**Purpose:** To acknowledge and honor a member of the ANPT Spinal Cord Injury Special Interest Group (SIG), whose major professional involvement is currently with the *practice* of Physical Therapy (PT) for individuals with spinal cord injury (SCI). Individuals who demonstrate valued contributions to SCI rehabilitation, in either direct patient care, SCI-clinician mentorship, or SCI-team leadership, are sought. Please see below for full eligibility criteria.

**SCI SIG Mission:** The mission of the SCI SIG is to optimize rehabilitation and maximize participation of persons with spinal cord injuries and disorders (SCI/D) to be active members of their communities. The SIG members share knowledge and expertise; assemble and publicize resources; and discuss, interpret, and disseminate evidence about SCI/D rehabilitation.

**Eligibility/ Criteria**

**The individual must:**

1. Be a current member of the ANPT, SCI SIG
2. Have been engaged in full-time clinical practice for a minimum of 5 years with at least 50% of their caseload in SCI.
3. Be currently treating individuals with neurologic conditions, including SCI, as stated above
4. Demonstrate leadership, teamwork and adaptability
5. Provide exceptional clinical care
6. Be involved in mentoring activities (e.g., supervising PT students, teaching staff PTs, guiding PT Residents/Fellows)
7. Demonstrate professional development activities (e.g., attending/delivering continuing education courses, moderating a journal club, presenting in-services to colleagues/peers)
8. Contribute to their work culture, making the work environment a great place for PTs to work and patients to recover; and/or making meaningful contributions to their local community organizations which support SCI Care

**Procedure for Nomination:**

1. Download the nomination form from the ANPT SCI SIG webpage (<http://neuropt.org/special-interest-groups/spinal-cord-injury/award-for-excellence-in-sci-care-or-service>) or email the SCI SIG Chair to have a form mailed directly to you.
2. Nominations may be submitted by SIG members, non-SIG members, including workplace colleagues and advisory staff that are not members of the SCI SIG, or individuals may self-nominate.
3. The application Deadline is **October 25th 2024.**

1. The nominator should submit in a single packet all of the following:
2. Nomination form
3. Condensed version of the nominee’s CV (not to exceed 4 pages)
4. Two letters of support addressing one or more areas under ‘Eligibility Criteria”.
5. Please send a scanned pdf copy of the completed nomination packet, by email, to nominating committee member; **Kaci Handlery: handleryk@gmail.com**

If you are unable to submit a scanned copy, please send one original version of the completed packet to:

Kaci Handlery

Arkansas Colleges of Health Education

7006 Chad Colley Blvd

Fort Smith, AR 72916

1. 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
2. Current elected members of the ANPT SCI SIG are not eligible for the award and shall not nominate, write letters of support, or endorse individuals for the award.

**Notification of the Award:**

1. After selection by the ANPT SCI SIG Award Committee, award recipients will be notified by the SCI SIG Chair prior to the CSM early-bird registration deadline, which is usually in December.
2. The award will be presented at the ANPT Business Meeting, at CSM that following year. A plaque will be presented to the awardee, and the awardee will be featured on the ANPT SCI SIG webpage and next SIG newsletter

**Nomination Form:**

The Following Individual is being nominated for the “Clinical Excellence” Award in SCI PT.

Person Submitting Nomination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee Information:

Name of Nominee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APTA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Nominee a SCI SIG member? \_\_\_ Yes \_\_\_\_No (must be SCI SIG member to qualify)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a scanned PDF Copy of the nomination packet to **Kaci Handlery at handleryk@gmail.com** by **October 25, 2024**. If you are unable to scan your compiled documents, then please send one original of the completed packet to:

Kaci Handlery

Arkansas Colleges of Health Education

7006 Chad Colley Blvd

Fort Smith, AR 72916

**ANPT SCI SIG AWARD OF CLINICAL EXCELLENCE IN SCI PHYSICAL THERAPY**

**(Scoring Sheet is for review only.)**

This award is toacknowledge and honor a member of the ANPT Spinal Cord Injury SIG, whose major

professional involvement is currently in the area of PT practice for individuals with Spinal Cord Injury. Letters of Recommendation should address the applicants’ contributions in any relevant area noted for #1-6 below.

Nominations will be reviewed in the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Comments |
| Current Member ANPT SCI SIG |  |  |  |
| Clinical Practice, minimum 5 years, 50% SCI Caseload |  |  |  |
| Currently treating patients with SCI |  |  |  |
|  | Minimal Impact in this Area | Identifiable Impact in this Area | Significant Impact in this Area |
| 1. Demonstrates Leadership in SCI Care | (-) -----------------------------------------------------------------------------(+) | | |
| 1. Evidence of Teamwork | (-) -----------------------------------------------------------------------------(+) | | |
| 1. Evidence of Exceptional Care | (-) -----------------------------------------------------------------------------(+) | | |
| 1. Involved in mentoring activities | (-) -----------------------------------------------------------------------------(+) | | |
| 1. Demonstrates Commitment to Professional Development | (-) -----------------------------------------------------------------------------(+) | | |
| 1. Contributes to a positive environment for people with SCI | (-) -----------------------------------------------------------------------------(+) | | |
|  | Good | Excellent | Outstanding |
| Quality of Letters of Recommendation |  |  |  |