**Email form and attachments to** [**neuroddsig@gmail.com**](mailto:neuroddsig@gmail.com)

**Name:**

**Email:**

Are you a member of the Academy of Neurologic Physical Therapy?

Yes

No. Sorry, you do not qualify to be added to this list. If you would like to join so you may continue in this process follow this link: [https://www.neuropt.org/join](https://www.google.com/url?q=https://www.neuropt.org/join&sa=D&source=editors&ust=1658434575310204&usg=AOvVaw3Zu39w3bms7L1iIkj4Yfsc)

Practice setting/Institution

Credentials (Academic and Clinical)

Thank you for your interest in the DDSIG Clinician Locator Map. In the spaces below, please tell us about your experience in working with persons with DD so that we can best assess if your experience is appropriate for the map. Put in as much or as little information as you wish, but the more information you share with us the better. If you do not have any information for a certain section leave it blank.

|  |  |
| --- | --- |
| Degenerative diseases in which you have clinical experience. at Check all that apply | Check options to be considered for listing  Multiple sclerosis  Parkinson disease  Huntington disease  Friedrich’s Ataxia  Amyotrophic lateral sclerosis  Alzheimer disease  Muscular dystrophy  Other |
| Clinical Experience |  |
| Continuing Education courses -please include name of course and date(s) |  |
| Professional Presentations- please include name of presentation and date |  |
| Presentations to patients or caregivers |  |
| Certifications related to Degenerative disease practice (NCS, MSCS etc.) |  |

Your application will be reviewed within two weeks of receiving it and a member of the ANPT Degenerative Diseases SIG will let you know your status. **Please list below the information you would like included if approved:**

Full Name and Credentials:

Email Address:

Name of Institution:

Address of Institution:

City and State:

Phone Number: