



## 2019 Private Practice Section Awards

The Private Practice Section, APTA would like to acknowledge those members and friends who have made valuable contributions to physical therapist-owned businesses, to their communities, and to the Section. Awards will be presented in **October** at the **2019 Annual Conference & Exhibition in Orlando, FL**. Nominate those colleagues who are so deserving of this recognition.

### Guidelines & Criteria:

1. A PPS member in good standing may submit a nomination.
2. The nominator submits, as a single package, a nomination form, curriculum vitae or resume of the nominee, and a letter of support which focuses on the strengths of the nominee in relation to the award. Additional letters of support for a nominee may be sent under separate cover.
3. Mail nomination packages to PPS at 1055 N. Fairfax St., Ste. 204, Alexandria, VA 22314 by **July 5<sup>th</sup>, 2019**, or email to [privatepracticesection@apta.org](mailto:privatepracticesection@apta.org).

### Friend of Private Practice

#### **Purpose**

Awarded for distinguished contributions of time, energy, or expertise towards promoting the goals of the Section, as well as physical therapist-owned business.

#### **Eligibility**

Non-PPS member, individual, group, or corporation

#### **Criteria**

1. Must demonstrate distinguished contributions of time, energy, or expertise towards promoting the goals of the Section and enhanced benefits to Section members



## 2019 Private Practice Section Awards Nomination Form

Deadline: June 3, 2019

I wish to Nominate: \_\_\_\_\_

For:

**Friend of Private Practice Award**

Name of Practice: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Fax \_\_\_\_\_

### ATTACHMENTS

- ◆ Nominee's curriculum vitae
- ◆ Nominator's letter of support by the nominator, which specifically focuses on the strengths of the nominee in relation to the award. Letter of support should describe how your nominee meets the eligibility criteria for the particular Section Award. Please refer to the award criteria
- ◆ Any other supportive documentation as outlined in the criteria

Name of Nominator: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**Submit or direct questions to:**  
Private Practice Section, APTA  
Attn: Awards Committee  
1055 N. Fairfax Street, Ste. 204  
Alexandria, VA 22314  
Phone: (703) 299-2410 Email: privatepracticesection@apta.org