## 2022 ROBERT G. DICUS AWARD

PRIVATE PRACTICE SECTION OUTSTANDING SERVICE AWARD

The purpose of the Robert G. Dicus award is to acknowledge a single member of the Private Practice Section whose contributions to the Section as a whole, at both the Section level and the APTA level, like those of Robert G. Dicus, have been of exceptional value. Please review the suggested criteria and guidelines for the nominating process and send us your nominees for the award on the form provided on the next page.

#### **CRITERIA**

- A. Must be a physical therapist or Life physical therapist member of the Private Practice Section. Award may be presented posthumously to those meeting membership eligibility qualifications.
- B. PPS Activity Has participated and involved in the Section through committee and/or task force appointments and other Section activities.
- C. Persisting and lasting contributions in the four (4) of the following areas:
  - Professional Competence Clinical:
     Has demonstrated evidence of exceptional service in the area of clinical practice on a continuing basis
  - Professional Expertise Educational:
     Has demonstrated outstanding ability to educate and motivate colleagues and students to acquire new knowledge, and foster in them an attitude of professional responsibility in meeting the health needs of the people served by our profession
  - Excellence in Business:
     Has developed a sustainable business and/or new or innovative methods, systems or concepts in physical therapist-owned business (ownership, administration or management) that is sustainable and demonstrates adaptability to an evolving healthcare environment.
  - 4. Has provided service in the community which demonstrates the scope and dimension of professional responsibility
  - 5. Participated in the APTA or Other Organizations: Has demonstrated on a continuing basis the development of the profession through involvement with the APTA and has made contributions at the district, chapter, national or international levels. Has served on committees, held elected offices, participated in professional and business meetings, served on regulatory boards, and involved in legislative activities
  - 6. Commitment to Physical Therapist-Owned Businesses: Has demonstrated an abiding commitment to physical therapist-owned businesses as evidenced by participating in continuing physical therapist-owned businesses education, and by actively contributing to the education of others about physical therapist-owned businesses through such things as publications, seminars, lectures and workshops
  - 7. Public Relations or Political Participation:
    Has demonstrated a willingness to publicize the
    contributions which have advanced the profession of
    physical therapy and the physical therapist-owned
    businesses; has participated in political action activities
    to further the cause of the profession and the physical
    therapist-owned businesses.

### **ELIGIBILITY**

- 1. All nominees for the Award must be Private Practice Section members in good standing
- 2. Members excluded from eligibility, during their respective period or terms of service are: Private Practice Section employees (Exception: A Section employee shall not be excluded if the services that constitute the basis for the award nomination were performed at a time when the individual was not an employee.), members of the Awards Committee responsible for recommending or selecting recipient(s) of the award; and members of the Board of Directors

#### **PROCEDURE**

- A. Nominations for the Award must be submitted by Private Practice Section members in good standing
- B. Nomination packages must be submitted with the current nomination form provided (back of this form). Nomination forms may be photocopied, but may not be recreated by computer
- C. The nominator is responsible for submitting the following documents to the Private Practice Section Headquarters as a single award nomination package. The Nomination Package must contain the following documents:
  - 1. Current nomination form
  - 2. Current curriculum vitae or resume of the nominee
  - 3. Letter of support by the nominator, which specifically focuses on the strengths of the nominee in relation meeting at least four of the seven criteria areas of this award. Additional letters of support for a nominee may be sent to the Section under separate cover
- D. Incomplete award nomination packages (e.g., no signature, no curriculum vitae, no letter of support, or documentation of specific criteria met) will not be eligible for consideration
- E. All nomination packages must be received by June 17, 2022. Nomination packages will not be returned. The nominations will be judged based on the eligibility and criteria requirements
- F. In the event those candidates nominated for the Robert G. Dicus Award do not meet the criteria for eligibility, the Awards Committee reserves the right to postpone the selection of a candidate until such time as a candidate meeting the requirements for eligibility is nominated

# 2022 Robert G. Dicus Award Nomination Form <u>Deadline for Nomination: June 17, 2022</u>

The following person is nominated for consideration for the Robert G. Dicus Award, Private Practice Section Outstanding Service Award:

I wish to Nominate (Member's Name)		
Name of Practice		
Work Address		
City	State	Zip
Phone: Work ( )	Personal ( )	
Email:		
	ATTACHMENTS	
Nominee's curriculum vitae		
<ul> <li>Letter of support should describe ho Award specifically focusing on the s award criteria specifically by numbe consideration. Additional letters of s separate cover</li> <li>Any other supportive documentation</li> </ul> Name of Nominator	trengths of the nominee in relation er. At least four criteria should have support for a nominee may be sent t	to the award. Please refer to the been achieved by the nominee for o the Section Headquarter under
Name of Practice		
Work Address:		
City	_State	Zip
Phone: Work ( )	Personal ( )	
Email:		
Signature(Signature of Nominator)	Date Submi	tted
	Return to: ractice Section, APTA ● Awards Co ace Street, Suite 300 ● Alexandria, V	

email: info@ppsapta.org

PPS OFFICE USE :			
Date Received:	Documents Verified:	PPS Member Verified:	<u></u>