

# 2026 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 APTA Private Practice 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 APTA Private Practice. Award may be presented posthumously to those meeting membership eligibility qualifications.
- B. APTA Private Practice Activity  
Exemplifies the Section's core values of passion, integrity, collaboration, and innovation through committee and/or task force appointments and other Section activities.
- C. Persisting and lasting contributions in the four (4) of the following areas:
  1. Professional Competence – Clinical:  
Has demonstrated evidence of exceptional service in the area of clinical practice on a continuing basis
  2. 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
  3. 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 APTA Private Practice 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. A minimum of one and a maximum of five letters 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 May 27, 2026**. 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

## 2026 Robert G. Dicus Award Nomination Form

Deadline for Nomination: May 27, 2026

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
- Letter of support should describe how your nominee meets the eligibility criteria for the Robert G. Dicus Award specifically focusing on the strengths of the nominee in relation to the award. Please refer to the award criteria specifically by number. At least four criteria should have been achieved by the nominee for consideration. A minimum of one and a maximum of five letters of support for a nominee may be sent.
- Any other supportive documentation

Name of Nominator

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

Work Address:

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

Phone: Work ( ) \_\_\_\_\_ Personal ( ) \_\_\_\_\_

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

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_  
(Signature of Nominator)

Return to:

APTA Private Practice • Awards Committee 1421  
Prince Street, Suite 300 • Alexandria, VA 22314

email: [info@ppsapta.org](mailto:info@ppsapta.org)

PPS OFFICE USE :

Date Received: \_\_\_\_\_ Documents Verified: \_\_\_\_\_ PPS Member Verified: \_\_\_\_\_