

**2024 Friend of Private Practice Award
Nomination Form**
Deadline: May 20, 2024

I wish to Nominate: _____

_____ for the **Friend of the Private Practice Award.**

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 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
1421 Prince Street, Suite 300
Alexandria, VA 22314
Phone: (800) 517-1167 Email: info@ppsapta.org