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