

**2025 Friend of Private Practice Award  
Nomination Form**  
Deadline: May 18, 2025

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