



FRIEND OF THE CARDIOVASCULAR AND PULMONARY SECTION, APTA AWARD

Purpose

To acknowledge an individual, group or organization/institution who has made outstanding and enduring contributions to the practice of cardiovascular and or pulmonary rehabilitation and who has been an advocate of the CV & P Section or the profession of physical therapy

Eligibility

Nominees for the award must:

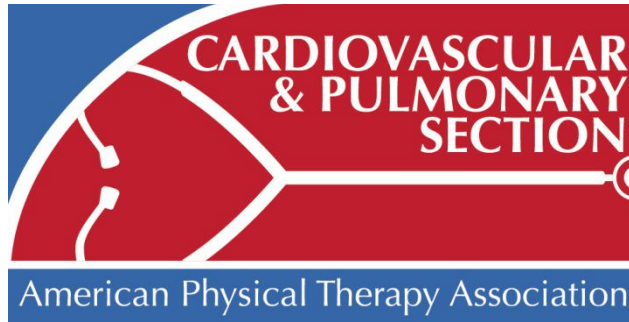
1. have demonstrated excellence in either clinical practice, academic practice, philanthropy, or research;
2. have promoted physical therapy in their career or in their organization's mission either in research, educational programs, or professional liaisons, through state, section or national involvement
3. Not be eligible to be a member of the American Physical Therapy Association due to their professional designation.

Criteria for Selection

1. Quality and quantity of contributions to the cardiovascular and pulmonary rehabilitation community and to the physical therapy profession.
2. Effect on shape, scope, and quality of physical therapy practice in cardiovascular, pulmonary, or wellness.
3. Effect on other physical therapists' abilities to practice.

Procedure for Nomination:

1. Nominations may be submitted by physical therapists or physical therapist assistants who are members of the Cardiovascular and Pulmonary Section.
2. Nominations must be submitted on the appropriate form (that will be made available through the Cardiovascular and Pulmonary Section's Website).



FRIEND OF THE SECTION NOMINATION FORM

Name of Nominee:

Nominee's APTA Membership Number:

Please answer the following questions to the best of your ability. The criteria for nomination involve the answers to the following questions. If you need more space to answer the questions, please attach additional paper upon submission.

1. Please discuss briefly the nominee's contributions to the field of cardiovascular and or pulmonary rehabilitation, including areas of mentoring, services, philanthropy, teaching, research, and/or clinical experience.

2. Please discuss briefly the nominee's specific contributions to the field of physical therapy. (how is this nominee a "friend" of the CV&P Section?)

Please provide the names and addresses of the two individuals who will be writing a letter of support for your nomination.

Nominator: _____ APTA Membership #: _____

Nominator's Contact Information:

Address: _____

Phone: _____ Email: _____

Send to: Cardiovascular and Pulmonary Section, APTA
1055 N Fairfax Street, Suite 205
Alexandria, VA 22314
703/706-8575 FAX
cardiopt@apta.org

NOMINATION DEADLINE – NOVEMBER 1ST