Jane Murdock Legislative Award

Purpose
To acknowledge and honor an individual who has distinguished himself/herself for their individual leadership advocating for the Chapter’s legislative initiatives on behalf of our patients, our professional or our association as exemplified in the professional career of the late Jane Murdock, PT (1951-2008).

Jane Eileen Ross Murdock, PT was a long time MPTA and APTA member who served our association in many leadership roles over 3 decades. Jane’s colleagues and patients truly enjoyed working with her; her excellent clinical skills were matched by her legislative knowledge, political savvy and passion to promote physical therapy to the Michigan Legislature.

Criteria
The nominee must demonstrate and ongoing commitment and engagement in advocacy activities aimed at achieving the Chapter’s Mission and Vision.

1. The nominee’s legislative activities may include local, state or federal involvement as long as that involvement is not in conflict with the Mission or Vision of the MPTA. The MPTA Awards committee shall determine if the nominee’s activities meet these criteria.

2. The nominee’s legislative activities may include promoting individuals or other organizations that support the Mission and Vision of the MPTA. The MPTA Awards Committee shall determine if the nominee’s activities meet these criteria.

Nomination Procedure:
1. A nomination form and criteria will be made available to the membership each year.

2. Nominations must be submitted to the MPTA Office and be received by August 1 via email or mail at:
Michigan Physical Therapy Association
1055 N. Fairfax Drive, Suite 205
Alexandria, VA 22314
mpta@mpta.com

3. Nominations must include:
   • Name, address, and telephone number of nominee
   • Present employment of nominee
   • Statement containing documentation of legislative contributions and their impact on physical therapy in Michigan which qualifies the nominee for this award
   • Signature of nominator
   • Date

4. Individuals nominated and not selected may be reconsidered in a subsequent year if they are re-nominated with current information submitted.

Selection and Award:
1. Nominations will be reviewed by the MPTA Awards Committee.

2. The winner will be announced and the award presented at the annual MPTA Fall Conference by the MPTA President.

3. The award will consist of a plaque.
## Nominee Information

**Full Name:**  

**Date:**  

**Last**  

**First**  

**M.I.**  

**Address:**  

**Street Address**  

**Apartment/Unit #**  

**City**  

**State**  

**ZIP Code**  

**Phone:**  

**Email:**  

**Active Member of MPTA?**  

[ ] YES  

[ ] NO  

**Please list current chapter activities if applicable:**  

________________________________________________________________________  

## Current Employment

**Company:**  

**Phone:**  

**Address:**  

**Email:**  

## Supporting Commentary

**Please provide commentary and documentation that will help the Awards Committee to accurately evaluate this application. This information can be provided in a separate attachment.**  

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## Disclaimer and Signature of Individual Submitting Nomination

*I certify that my answers are true and complete to the best of my knowledge.*  

**Name:**  

**Email:**  

**Signature:**  

**Date:**