



## Marjorie N. Stamm Award Application

### Purpose:

This award has been established to honor Michigan Chapter members who have provided outstanding service for physical therapy in Michigan.

### Eligibility:

Any member of the Michigan Physical Therapy Association in good standing.

### Criteria for Selection:

1. The recipient shall have made outstanding contributions to the field of physical therapy in one or more of the following areas:

#### A. The Profession of Physical Therapy

- Education
  - Teaching in any of the following areas: academic, clinical in-service, continuing education
  - Development and implementation of teaching methods
  - Administration of a physical therapy program or a physical therapist assistant program
- Clinical Research
  - Development of treatment interventions
  - Development of examination or evaluation methods and forms
  - Publication or dissemination of research results
- Service
  - Patient care: direct, consultative, administrative, or educational
  - Professional health organizations; for example, the Michigan Public Health Association

#### B. The American Physical Therapy Association or its components

- Promotion of the organization and its goals
- Chapter or national elected offices
- Chapter or national committee memberships or task forces

#### C. The Community

- Service, organizations or facilities
- Local, state or federal government on an elected or voluntary basis

2. Documentation in the support statement(s) should assist the committee in distinguishing exceptionally valuable contributor(s) from those persons who have provided long and continuous service for physical therapy in Michigan.

3. Documentation in the support statement(s) should describe the outstanding contributions(s) and the impact the contribution(s) has had on the profession of physical therapy in Michigan.

4. A curriculum vitae is helpful if available

5. All supporting documentation must be included with the nomination.

### Nomination Procedure:

1. A nomination form and criteria will be made available to the membership each year.
2. Nominees must be recommended for the award by a MPTA member.
3. 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](mailto:mpta@mpta.com)
4. Nominations must include:
  - Name, address, and telephone number of nominee
  - Present employment of nominee
  - Biographical data – Can be in the form of a CV
  - Statement containing documentation of contributions and their impact on physical therapy in Michigan which qualifies the nominee for this award
  - Signature of nominator
  - Date
5. Individuals nominated and not selected may be reconsidered in a subsequent year if they are re-nominated with current information submitted.
6. Individuals may be granted this award more than one time only if the "outstanding" contribution(s) are subsequent to the initial granting of the award.

### Selection and Award:

1. Nominations will be reviewed by the awards committee
2. The Awards Committee will submit a final recommendation to the Board of Directors for approval.
3. The award will be made on the basis of merit alone and the decision of the committee will be based on the documentation received in the nomination(s).
4. No more than one award will be granted yearly. This award will be granted only if nominees with contributions of truly outstanding character are submitted. Therefore the award need not be given every year.

### 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.

### 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: \_\_\_\_\_