MPTA Outstanding Clinician Awards

Outstanding Physical Therapist Award
Criteria:
• Engaged in direct patient care in the practice of Physical Therapy primarily
• Membership in the Michigan Physical Therapy Association
• Positively and substantially affected the shape, scope and quality of physical therapy practice (e.g., protocols, clinical practice models, service line development, etc.)
• Has/had a direct impact on other physical therapists or physical therapist assistants that significantly increased their abilities to practice physical therapy (e.g., clinical instructor, mentor, faculty at Physical Therapy/Assistant program, etc.)
• Contributed to the overall development of physical therapy as a caring profession (e.g., volunteer for Special Olympics, community education speaker, etc.)

Outstanding Physical Therapist Assistant Award
Criteria:
• Engaged primarily in direct patient care in the practice of Physical Therapy under the direction/supervision of a physical therapist
• Membership in the Michigan Physical Therapy Association
• Representation and promotion of the role of the PTA through practice and/or education as a part of the PT/PTA team
• Pursuit of career development through continuing education (Courses, workshops, in-services, etc.)
• Serves as role model to students, peers and others to perform at or strive to achieve their optimal potential (Clinical Instructor, Mentor, faculty at a Physical Therapy Assistant program, etc.)
• Service to the community that enhance quality of life and function (e.g., volunteer for Special Olympics, community education speaker, etc.)

Outstanding Physical Therapist/Physical Therapist Assistant Team Award:
Criteria
• The composition of the team may include one or more Physical Therapists and one or more Physical Therapists Assistants
• Each team member is engaged primarily in direct patient care in the practice of Physical Therapy
• Each team member is a member in the Michigan Physical Therapy Association
• Team has worked together as a team in clinical practice in any setting for at least 1 year
• Team has positively affected the quality and overall delivery of physical therapy care provided to patients/clients as a result of their ability to work as a team
• Provide a written team protocol that describes the team structure, method of communication, determination of assignments to patients/clients, and method of supervision related to patient/client needs
• PT/PTA team relationship
o Is characterized by trust, mutual respect, adaptability, cooperation and an appreciation of individual and cultural differences
o Involves direction, supervision and effective communication
o Has been enhanced through mentoring, continuing education and professional development
o Has had an effect on the delivery of high quality physical therapy services to patients/clients within their practice settings

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, fax, or mail at:
   Michigan Physical Therapy Association
   1055 N. Fairfax Drive, Suite 205
   Alexandria, VA 22314
   mpta@mpta.com
   Fax: 703-706-8575
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 Engaged in direct patient care? 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: ________________