



## **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

- Is characterized by trust, mutual respect, adaptability, cooperation and an appreciation of individual and cultural differences
- Involves direction, supervision and effective communication
- Has been enhanced through mentoring, continuing education and professional development
- 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](mailto: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: \_\_\_\_\_