



PTA Outstanding Service Award

Purpose and Criteria for Selection:

This award has been established to honor a Michigan Physical Therapist Assistant member who has provided outstanding service for physical therapy in the State of Michigan. The nominee must be an active member of the Association.

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
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.
5. The award will be presented at the annual MPTA Fall Conference by the association President.
6. 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.

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: _____