



FRIEND OF THE ACADEMY NOMINATION FORM

Name of Nominee:

Nominee's APTA Membership Number:

Please answer the following questions to the best of your ability. The criteria for nomination involve the answers to the following questions. If you need more space to answer the questions, please attach additional paper upon submission.

1. Please discuss briefly the nominee's contributions to the field of cardiovascular and or pulmonary rehabilitation, including areas of mentoring, services, philanthropy, teaching, research, and/or clinical experience.

2. Please discuss briefly the nominee's specific contributions to the field of physical therapy. (how is this nominee a "friend" of the Academy?)

Please provide the names and addresses of the two individuals who will be writing a letter of support for your nomination.

Nominator: _____ APTA Membership #: _____

Nominator's Contact Information:

Address: _____

Phone: _____ Email: _____

Send to: Academy of Cardiovascular & Pulmonary Physical Therapy
cardiopt@aptacvp.org

NOMINATION DEADLINE – OCTOBER 15