



MENTORING AWARD NOMINATION FORM

Name of Nominee:

Nominee's APTA Membership #:

The primary criterion for the Mentoring Award is demonstrated excellence in mentoring. Please attach this nomination form to a letter of reference that provides specific evidence for the nominee's qualifications for this award, which could include but is not limited to any of the following:

1. Mentors other physical therapists while assuming a leadership role within the Academy
2. Develops an effective environment for high quality clinical practice, teaching and scholarship
3. Fosters the development of talents in others, including effective patient care, research skills, teaching ability, and/or presentation and writing skills
4. Demonstrates professional behavior and serves as a positive role model; actively demonstrates the core values of the APTA
5. Promotes new practitioners, educators and scholars with the Academy and the broader professional community
6. Provides guidance in administrative matters
7. Advises students and clinicians regarding options for advancement in the profession

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