



MERIT AWARD NOMINATION FORM

Name of Nominee:

Nominee's APTA Membership Number:

Please provide specific evidence for *at least one* of the award criteria categories below:

Practice

1. Length of time in the clinical practice of cardiovascular and pulmonary physical therapy:
2. Recognition by patient/client/family, peers, and/or employer of clinical and/or academic excellence (*specifically what was recognized and why*):
3. Currently an APTA Board Certified Cardiovascular & Pulmonary Clinical Specialist? Yes No
4. If yes, year certified (or recertified?)
5. Other significant contributions related to the enhancement of the clinical practice of cardiovascular and pulmonary physical therapy, including legislative efforts governing practice and payment (*specific activities and roles, including the effect of the contribution*):

Scholarship

1. Participation in educational activities within the clinic, academic, or through continuing education conferences (describe and/or list the type, extent, and date/location):
2. Participation in program development, research, authorship, or publication related to cardiovascular and pulmonary physical therapy:

Service

1. Academy Committee/Offices or other significant contributions/activities:
2. Liaison activities with other professional groups and/or regulatory agencies on behalf of the Academy of Cardiovascular & Pulmonary Physical Therapy:

Nominator: _____ APTA Membership #: _____

Nominator's Contact Information:

Address: _____

Phone: _____ Email: _____

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

NOMINATION DEADLINE – OCTOBER 15