



# 2025 Private Practice Section Community Impact AWARD

*This award is presented to an APTA Private Practice member who demonstrates the core values of excellence, integrity, social responsibility, altruism and professional duty. They have developed/created a unique and sustainable program that positively impacts their community.*

## CRITERIA

- A. Must be a physical therapist member of the Private Practice Section.
- B. APTA Private Practice Activity  
Has participated and been involved in the Section through attendance, volunteer activities, committee and/or task force appointments and/or other APTA/APTA Private Practice activities.
- C. Has provided a service or special program (pro bono or commercial) which promotes Physical Therapy as a first/frontline service to patients (or the community at large) and has a meaningful impact on the community.
- D. A special program or service that has demonstrated sustainability for a minimum of two years.

## ELIGIBILITY

1. All nominees for the Award must be Private Practice Section members in good standing.
2. Members excluded from eligibility, during their respective period or terms of service are: Private Practice Section employees (exception: a Section employee who performed the program or services prior to their employment), a member of the Awards Committee responsible for recommending or selecting recipient(s) of the award; and a member of the APTA Private Practice Board of Directors.

## PROCEDURE

- A. Nominations for the Award must be submitted by Private Practice Section members in good standing.
- B. Nomination packages must be submitted with the current nomination form provided (see page 2). Nomination forms may be photocopied but may not be recreated by computer.
- C. The nominator is responsible for submitting the following documents to the Private Practice Section Headquarters as a single award nomination package:
  1. Current nomination form.
  2. Current curriculum vitae or resume of the nominee.
  3. 1-5 Letters of support - with at least 1 submission by a member of the community member (not a patient or employee).
  4. Three minute or shorter video showing or highlighting the nominee involved in community impact activity.
  5. 5-10 pictures highlighting the nominee involved in the community activity.
  6. Letter from nominator telling the story of the nominee; and how they've been physical therapy role model and contributor in their community.
- D. Incomplete award nomination packages (e.g., no signature, no curriculum vitae, no letter of support, or documentation of specific criteria met) will not be eligible for consideration.
- E. All nomination packages **must be received by May 18, 2025**. Nomination packages will not be returned. The nominations will be judged based on the eligibility and criteria requirements.
- F. In the event candidates nominated for the Community Impact Award do not meet the criteria for eligibility, the Awards Committee reserves the right to postpone selection of any candidate until they meet the requirements for eligibility.



## 2025 APTA Private Practice Community Impact

**Deadline for Nomination: May 18, 2025**

I wish to Nominate (Member's Name):

\_\_\_\_\_

Name of Practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### ATTACHMENTS

- Nominee's curriculum vitae or resume.
- Letter of support describing how your nominee meets the eligibility criteria for the Community Impact Award. Specifically focusing on the strengths of the nominee in relation to the award. Please refer to the award criteria and submit specifically by number. All 4 criteria must be achieved for consideration. Additional letters of support for a nominee may be sent to the Section Headquarter under separate cover.
- Any other supportive documentation

Name of Nominator:

\_\_\_\_\_

Name of Practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

(Signature of Nominator)

Return to:

Email: [info@ppsapta.org](mailto:info@ppsapta.org)

Private Practice Section, APTA • Awards Committee

1421 Prince Street, Suite 300 • Alexandria, VA 22314

PPS OFFICE USE :

Date Received: \_\_\_\_\_ Documents Verified: \_\_\_\_\_ PPS Member Verified: \_\_\_\_\_