



2019 State Legislative Leadership Award Nomination Form

Declaration of Nomination

I nominate _____ (APTA member number _____) of the _____ Chapter/Section for the 2019 State Legislative Leadership Award. This nominee has demonstrated outstanding leadership in the area of state legislative advocacy and promoted initiatives that preserve, protect, and advance the practice of physical therapy.

Signature

Date

Signature of Component President or Executive Director

Date

Along with this form, please provide a written statement outlining the nominee's eligibility for this award, plus any other evidence that lends support to the nomination.

Nominations will be accepted through May 1, 2019

Submit the completed form to:

ATTN: Angela Shuman, State Affairs
American Physical Therapy Associations (APTA)
1111 N Fairfax St
Alexandria, VA 22314

If you have any questions, please contact Angela Shuman, Director, State Affairs,
703-706-3199 or angelashuman@apta.org