

Humanitarian Award



Nomination Form

Nominee Information:

Name & Credentials	
APTA Member Number	
Email	
Telephone	

Nominator Information:

Name & Credentials	
APTA Member Number	
Email	
Telephone	
Nominating as:	<input type="checkbox"/> Individual <input type="checkbox"/> Component representative (Please specify component: _____)

Instructions

For your nomination to be considered complete, please include the following in your submission:

- A completed nomination form
- A letter of nomination, not exceeding 4 pages in length, detailing how the nominee meets all 3 of the following criteria:

1. **Extraordinary humanitarian services and volunteerism:** These are activities initiated by physical therapists, physical therapist assistants, and/or students of physical therapy, working alone or in association with others, to help improve the quality of life of individuals throughout the world including but not limited to the following:

(continued on next page)

- i. Survivors and/or victims' families after a significant event such as a natural or person-induced disaster, a national or international incident, a civil war, or a forced migration
- ii. A community of any size in which long-term political, economic, social, and/or other circumstances have caused movement impairments for a substantial portion of that community

2. **Advancement of physical therapy:** These activities exemplify core values of physical therapy and are applied to actively address major health concerns on domestic and/or international levels.

3. **Establishment of legacy:** These are sustainable activities that benefit humanity; they must demonstrate advocacy for promoting greater quality of life and expansive reach. Activities should be documented and/or implemented through at least 2 channels (eg, publications, provision of services, programs) that have influenced these respective areas in durable ways.

- Two (2) letters of support, not to exceed 2 pages in length, from individuals other than the author of the nomination letter that detail how the nominee meets at least 2 of the award's criteria as described above

Nominator Signature _____

Nominator Printed Name _____

Date _____

Nominations will be accepted through December 1

If you have any questions, please contact honorsandawards@apta.org.