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| --- | --- |
| Outstanding Physical Therapist/Physical Therapist Assistant Team Award |  |
| Eligibility/Application Form |

Please indicate the number of PTs and PTAs in the nominated PT/PTA team and confirm eligibility for each nominee in the team below.

PT/PTA team composition: #     PTs #     PTAs

Nominee’s name:       [ ]  PT [ ]  PTA

APTA member: Yes [ ]  No [ ]

Nominee is licensed or regulated if required by the jurisdiction where the individual is working:

Yes [ ]  No [ ]

Nominee has been engaged in providing clinical services for at least 5 years:
Yes [ ]  No [ ]

Nominee has worked with the nominated PT/PTA team together in a clinical practice for at least 3 years:

Yes [ ]  No [ ]

Nominee’s name:       [ ]  PT [ ]  PTA

APTA member: Yes [ ]  No [ ]

Nominee is licensed or regulated if required by the jurisdiction where the individual is working:

Yes [ ]  No [ ]

Nominee has been engaged in providing clinical services for at least 5 years:
Yes [ ]  No [ ]

Nominee has worked with the nominated PT/PTA team together in a clinical practice for at least 3 years:

Yes [ ]  No [ ]

Nominee’s name:       [ ]  PT [ ]  PTA

APTA member: Yes [ ]  No [ ]

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Yes [ ]  No [ ]

Nominee’s name:       [ ]  PT [ ]  PTA

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Nominee has worked with the nominated PT/PTA team together in a clinical practice for at least 3 years:

Yes [ ]  No [ ]

Nominee’s name:       [ ]  PT [ ]  PTA

APTA member: Yes [ ]  No [ ]

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Yes [ ]  No [ ]

Nominee has been engaged in providing clinical services for at least 5 years:
Yes [ ]  No [ ]

Nominee has worked with the nominated PT/PTA team together in a clinical practice for at least 3 years:

Yes [ ]  No [ ]

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Nominator’s Name

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Nominator’s Signature

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date