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| Outstanding Physical Therapist Resident Award |  |
| Application Form | |

**Eligibility:**

To be considered for this award all nominees must meet the following requirements:

1. Be current APTA members in good standing at the time of nomination and selection;
2. Be within two years immediately following graduation from an ABPTRFE-accredited residency program. This period includes the one year preceding the nomination;
3. Be nominated by a representative of an ABPTRFE-accredited physical therapist residency education program. Self-nominations are not permitted for this award; and
4. Be licensed or regulated as required by the jurisdiction where the nominee is practicing.

**Procedures:**

1. Complete the application form and compile all required supplementary materials and submit electronically via the designated awards platform. If you need more space than what is provided in the tables below, note this within the table and complete the section’s questions on a separate sheet of paper.
2. Upload the following documents via <http://mc.manuscriptcentral.com/aptaawards>:

• A completed application form.

• Graduation certificate from the nominee’s program confirming enrollment and successful graduation; certificate must be included in the nomination package upon submission.

• A completed narrative description (not to exceed 1 page) from the nominee; narrative’s content should focus upon the nominee’s experience within their respective program and its significance or effect upon their future goals in the profession.

• Two letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address 1 or more of the criteria for selection; 1 of these letters must be provided by a faculty member or mentor at the nominee’s program.

1. Your nomination package must be submitted on or before the nomination call closes on December 1 of the respective Honors & Awards program cycle.

**I. Personal Data**

Name:

APTA Member Number:

Current Address:

Permanent Address:

Home or Cell Phone:

Email:

Please indicate preferred mailing address:  Current  Permanent

**II. Education**

1. Name of institution where you completed your program:

- Graduation date:

- GPA:

B. Prior education (excluding high school)

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| --- | --- | --- | --- | --- |
| **Institution** | **Attendance Dates** | **Major/Field**  **of Study** | **Degree Received** | **Year Degree Received** |
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C. List academic honors, awards, or scholarships and any honorary societies to which you have been elected.

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| **Academic Honors, Awards,**  **Scholarships, Societies, Etc.** | **Date(s)** |
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**III. Extracurricular activities**

List activities in which you have participated during the **last 5 years, excluding high school**. Include leadership positions, offices held, and participation on committees.

A. Volunteer activities directly related to health care (eg, working with children with disabilities, fundraising for breast cancer research)

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **Dates** | **Participant** | **Volunteer** | **Offices Held/ Leadership Positions** | **Number of Hours Volunteered** |
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B. Non-health care related volunteer activities (eg, service to community organizations, homeless shelters)

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| **Activity** | **Dates** | **Participant** | **Volunteer** | **Offices Held/ Leadership Positions** | **Number of Hours Volunteered** |
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C. School-related volunteer activities

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| **Activity** | **Dates** | **Participant** | **Volunteer** | **Offices Held/ Leadership Positions** | **Number of Hours Volunteered** |
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**III D. APTA member activities**

A. Meetings attended (eg, NEXT, Combined Sections Meeting, National Student Conclave)

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| **Activity** | **Dates** | **Participant** | **Volunteer** | **Number of Hours Volunteered** |
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B. Component level (eg, chapter, sections, district, assembly participation)

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| **Activity** | **Dates** | **Participant** | **Volunteer** | **Number of Hours Volunteered** |
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C. Other

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| **Activity** | **Dates** | **Participant** | **Volunteer** | **Number of Hours Volunteered** |
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**III E. Evidence of potential contributions to the physical therapy profession.** Please indicate which activities were required by your program and which activities went above and beyond.

A. Publications

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| **Activities/List**  **in Reference Format** | **Describe Your Role in the Activity** | **Required by Program?** | **Date(s)** |
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B. Presentations

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| **Activities/List**  **in Reference Format** | **Describe Your Role in the Activity** | **Required by Program?** | **Date(s)** |
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C. Research

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| **Activities/List**  **in Reference Format** | **Describe Your Role in the Activity** | **Required by Program?** | **Date(s)** |
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D. Other (eg, mentoring)

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| **Activities/List**  **in Reference Format** | **Describe Your Role in the Activity** | **Required by Program?** | **Date(s)** |
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If you have not had the opportunity to engage in extracurricular activities, please explain briefly:

**IV. Employment experience**

A. List employment experience while enrolled in your physical therapy education program:

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| --- | --- | --- | --- |
| **Title** | **Location and Type**  **of Work** | **Dates Employed** | **Average Hours/Week** |
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B. List employment experience prior to enrollment in your physical therapy education program that you feel is relevant:

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| --- | --- | --- | --- |
| **Title** | **Location and Type**  **of Work** | **Dates Employed** | **Average Hours/Week** |
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**V. Graduation Certificate**

Please make sure to include a copy of your graduation certificate in your nomination packet. This documentation will help confirm enrollment and successful graduation to qualify for this award.

**VI. Narrative**

Write, and include in your nomination packet, a 1-page narrative. The narrative’s content should focus upon your experience within your respective program and its significance or effect upon your future goals in the profession.

**VII. Letters**

Please include the following for your nomination packet to be considered complete upon submission:

* Two letters of support, not to exceed 2 pages each, obtained from individuals who can specifically address 1 or more of the criteria for selection. One of these letters must be provided by a faculty member or mentor at the nominee’s program.

**VIII. Agreement**

I understand that this application and all documents submitted become the property of the American Physical Therapy Association (APTA). I also understand that if a scholarship is not awarded to me, the reason for this action will not be disclosed.

*Signature of applicant (electronic signature is acceptable)*

*Date of application*