The information contained in this form will be provided to the Maine membership for user in the election process. Please submit the completed form to Christie at ckrueger@orthopt.org. Thank you!

Date:

Candidate Name:

Nomination Position: I am eligible to serve I consent to serve

Address:

Email: Telephone:

Year in PT School and anticipated Year of Graduation:

***EXPERIENCE:*** Please share any experience that you have had that you think would be helpful in this leadership position. Other possible areas are listed below.

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience could be utilized in the nomination position applied for to further the objectives of the Chapter:

Explain your perceptions regarding the direction the Chapter should take in the future to enhance the support of PT and PTA students and how your goals for the nominated positions will affect this change: