



Maine Chapter, APTA Call for Nominations

The information contained in this form will be provided to the Maine membership for use 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:

Degrees Earned & Certifications:

EXPERIENCE:

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience and expertise could be utilized in the nomination position to further the objectives of the Academy:

Explain your perceptions regarding the direction the Academy should take in the future and how your goals for the nominated positions will affect this change: