



SIG Service Award Nomination Form:

Purpose:

To nominate an outstanding Physical Therapist (PT) or Physical Therapist Assistant (PTA) in Maine for recognition at the Annual Members' Meeting.

A. Nominee Information

1. **Name of Nominee:** *(First and Last Name)*

2. **Credentials:** *(e.g., PT, PTA)*

3. **Specialty Area:** *(Select one)*
 - Orthopaedic-Manual PT/PTA
 - Pediatric PT/PTA
 - Neurologic PT/PTA
 - Student & Early Career PT/PTA

4. **Current Position/Title:** *(e.g., Clinic Director, Staff PT)*

5. **Employer/Organization:** *(Name of the workplace)*

6. **Contact Information:**
 - Email:
 - Phone Number:

B. Nominator Information

1. **Name of Nominator:** *(First and Last Name)*

2. **Relationship to Nominee:** *(e.g., Colleague, Supervisor)*

3. **Contact Information:**

- Email:
- Phone Number:

C. Nomination Statement

Please describe why the nominee deserves to be recognized.

Consider addressing one or more of the following criteria:

- **Excellence in Clinical Care**
- **Advocacy Efforts for Physical Therapy**
- **Advancing Education for Physical Therapy or Excellence in Physical Therapy Education**
- **Furthering Physical Therapy Research**
- **Providing Leadership**
- **Community Involvement**
- **Innovation**

(Attach a separate document if needed.)

D. Submission Instructions

- 1. Deadline for Submission:** *October 1*
- 2. Submission Method:**

Please submit this form via email to Christie Krueger, Executive Director at ckrueger@orthopt.org