MERIT AWARD

PURPOSE:

To recognize an individual who has contributed to the advancement, knowledge, and/or recognition of the Cardiovascular & Pulmonary Section – APTA, Inc. Such contribution may be defined as:

a. practice, which includes excellence in patient/client care, clinical accomplishments, in addition to efforts in securing favorable legislation governing clinical practice and reimbursement; and/or
b. scholarship, which includes teaching (patient, clinical, continuing education, academic), or research, and/or authorship (book, journal, editorial board); and/or
c. service, which includes contributions on behalf of the Cardiovascular & Pulmonary Section through one’s membership and substantial involvement in support of the Section.

CRITERIA:

The nominee must be a member in good standing of the Cardiovascular & Pulmonary Section at the time of the nomination. Individuals in all APTA membership categories are eligible with the exception of those who are classified as “Student,” “Honorary” or “Retired.”

Award criteria are divided into specific categories (Practice, Scholarship, or Service) and are described below. A nominee must fulfill the required criteria in at least one category to be considered for the award.

Practice

1. Required: Evidence of a minimum of five years of clinical practice in the area of cardiovascular and pulmonary physical therapy
2. Required: Evidence of clinical recognition by patient/family, peer, and/or employer
3. Suggested: Board Certification as a Cardiovascular & Pulmonary Clinical Specialist
4. Suggested: Evidence of legislative efforts governing practice and/or efforts to support payment for cardiovascular and pulmonary physical therapy services

Scholarship

1. Required: Evidence of extensive patient, clinical, and/or academic teaching
2. Suggested: Participation as faculty in continuing education conferences sponsored by the Cardiopulmonary and Vascular Section
3. Suggested: Formal invited presentations as a Cardiovascular & Pulmonary Section representative
4. Suggested: Research or program development advancing the knowledge of cardiovascular and pulmonary physical therapy.
5. Suggested: Published author of research, book, chapters; or service in an editorial capacity for peer review journal supporting cardiovascular and pulmonary physical therapy.

Service

1. Required: Evidence of Cardiovascular & Pulmonary Section committee, task force, and/or officer participation
2. Suggested: Evidence of other contributions of service to the Cardiovascular & Pulmonary Section
3. Suggested: Evidence of liaison activities with other professional groups on behalf of the Cardiovascular & Pulmonary Section
PROCESS:

1. Nominators must be members in good standing of the Cardiovascular & Pulmonary Section – APTA, Inc. at the time that they submit a nomination for this award.

2. A current nomination form must be completed in typewritten or printed format and submitted to the Chair of the Nominating Committee no later than November 1st. Forms may be downloaded from the Cardiovascular & Pulmonary Section website.

3. The Nominating Committee will collect and review all nominations submitted by the deadline. During their review, the Nominating Committee will:
   a. verify that all nominations are complete
   b. verify that nominees are members in good standing with APTA and the Section
   c. rank the nominees according to the number of criteria categories for which information has been provided

4. Review of the nominations will take no longer than 4 weeks from the deadline. Upon completion of the initial review, the Nominating Committee Chair will forward the nominations and the results of the review to the Section Officers for final review and award determination.

5. The award will be determined based upon the substance of the contributions made, not simply the number of activities listed.

6. The award winner will be notified by the Section President no later than one month prior to the Combined Sections Meeting at which the award will be presented.

7. Award recipients receive a plaque acknowledging their contributions. The plaque will be presented at the Section’s Annual Membership Meeting at CSM if the recipient is in attendance. If the recipient is unavailable to attend CSM, then the plaque will be mailed to him/her following the meeting. An announcement celebrating their award also will be placed in various Section media.
MERIT AWARD NOMINATION FORM

Name of Nominee: ____________________________  Nominee’s APTA Membership Number: ________________

Please provide specific evidence for at least one of the award criteria categories below:

**Practice**

1. Length of time in the clinical practice of cardiovascular and pulmonary physical therapy:

2. Recognition by patient/client/family, peers, and/or employer of clinical and/or academic excellence (specifically what was recognized and why):

3. Currently an APTA Board Certified Cardiovascular & Pulmonary Clinical Specialist?  □ Yes  □ No

4. If yes, year certified (or recertified?)

5. Other significant contributions related to the enhancement of the clinical practice of cardiovascular and pulmonary physical therapy, including legislative efforts governing practice and payment (specific activities and roles, including the effect of the contribution):

**Scholarship**

1. Participation in educational activities within the clinic, academic, or through continuing education conferences (describe and/or list the type, extent, and date/location):

2. Participation in program development, research, authorship, or publication related to cardiovascular and pulmonary physical therapy:

**Service**

1. Section Committee/Offices or other significant contributions/activities:

2. Liaison activities with other professional groups and/or regulatory agencies on behalf of the Cardiovascular & Pulmonary Section:

__________________________________________________________________________________________

Nominator: ____________________________________________  APTA Membership #: ____________________

Nominator’s Contact Information:

Address: ____________________________________________________________________________________

Phone: ___________________________  Email: ________________________________________________________

Send to: Cardiovascular and Pulmonary Section, APTA
        1055 N Fairfax Street, Suite 205, Alexandria, VA 22314
        703/706-8575 FAX - cardiopt@apta.org

NOMINATION DEADLINE – NOVEMBER 1ST