Friend of Cardiovascular and Pulmonary Section of the American Physical Therapy Association Award

Purpose
To acknowledge an individual, group or organization/institution who has made outstanding and enduring contributions to the practice of cardiovascular and or pulmonary rehabilitation and who has been an advocate of the CV & P Section or the profession of physical therapy

Eligibility
Nominees for the award must:
1. have demonstrated excellence in either clinical practice, academic practice, philanthropy, or research;
2. have promoted physical therapy in their career or in their organization’s mission either in research, educational programs, or professional liaisons, through state, section or national involvement
3. Not be eligible to be a member of the American Physical Therapy Association due to their professional designation.

Criteria for Selection
1. Quality and quantity of contributions to the cardiovascular and pulmonary rehabilitation community and to the physical therapy profession.
2. Effect on shape, scope, and quality of physical therapy practice in cardiovascular, pulmonary, or wellness.
3. Effect on other physical therapists’ abilities to practice.

Procedure for nomination:
1. Nominations may be submitted by physical therapists or physical therapist assistants who are members of the Cardiovascular and Pulmonary Section.
2. Nominations must be submitted on the appropriate form (that will be made available through the Cardiovascular and Pulmonary Section’s Website).

Send materials to:
Awards Committee Chairperson, as listed on the nomination form.

Friend of CV and Pulmonary Section Nomination Form

Name of Nominee ______________________________

Address _______________________________________
______________________________________________

Phone #s _________________________

Email address: ________________________________
Individual submitting nomination

Address: _______________________________________________________
Phone #: _______________________________________________________
Email address: ___________________________________________________

Please answer the following questions to the best of your ability. The criteria for nomination involve the answers to the following questions. If you need more space to answer the questions, please attach additional paper upon submission.

1. Please discuss briefly the nominee’s contributions to the field of cardiovascular and or pulmonary rehabilitation, including areas of mentoring, services, philanthropy, teaching, research, and/or clinical experience.

2. Please discuss briefly the nominee’s specific contributions to the field of physical therapy. (how is this nominee a “friend” of the CV&P Section?)

Please provide the names and addresses of the two individuals who will be writing a letter of support for your nomination.

Submit questions or nomination form to:

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