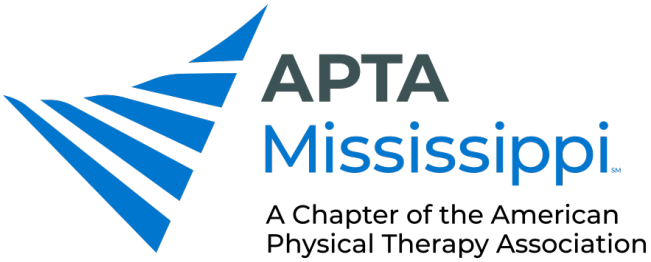
Physical Therapist Assistant of the Year Award Nomination Form



Please type all information

Date of Nomination:

Nominee:

Work Address:

City: State: Zip:

Work Phone:

APTA Membership #:

Nominator:

City: State: Zip:

Work Phone:

APTA Membership #:

_____ _____

Signature of Nominator *Date*

Submission Instructions

Please submit one (1) typewritten with (1) original signature of this nomination form OR one (1) electronic copy of this nomination form with electronic signature and a letter of support.

This form may be photocopied as needed. Mailed and emailed copies of this form will be accepted. Send materials to:

APTA-Mississippi
43 Town Center Square
Hattiesburg, MS 39402

Or via e-mail to
Ryan.Kelly@apta-ms.org