

Outstanding Pediatric Clinician Award: PT and PTA

Organization

Creation: In May 2008, a committee was formed to create an award specifically designed to represent and honor the clinical practice activities of the large proportion of Section members not engaged in leadership or mentoring activities that are currently recognized by Section annual awards. The committee members include Yvette Blanchard, Lori Glumac and Kathy Martin.

Purpose: The purpose of the Outstanding Pediatric Clinician Award is to recognize two Section members, a physical therapist and a physical therapist assistant, whose clinical practice exemplifies the work and dedication of pediatric physical therapy practice with children and families.

Criteria:

1. Active or life member of the APTA Section on Pediatrics;
2. Minimum of 5 years professional practice of at least 25 hours/week in clinical settings;
3. Evidence of going “above and beyond” typical job expectations including exhibiting creativity, adaptability, energy, dedication, and innovation;
4. Evidence of at least one of the following: advocacy, volunteer work, community service, or service to underserved populations;
5. Evidence of competency as identified by each of the following:
 - a. experiences of colleagues and clients or caregivers
 - b. ability to make intervention meaningful to children and families
 - c. effectiveness in meeting identified goals for children; and
6. For PTAs, evidence of excellence in partnering with supervising PTs.

Procedures for Nomination:

Each nominator will send:

- A letter of nomination
- A curriculum vita of the nominee
- Examples of outstanding clinical practice as listed above
- Reasons why the nominee is best suited for this award
- Letters of support from colleagues and at least one letter of support from a client or caregiver (a maximum of 15 letters will be accepted)
- A letter of support from at least one supervising PT for PTA nominees

SECTION ON PEDIATRICS

OUTSTANDING PEDIATRIC CLINICIAN AWARD NOMINATION FORM

Please type all information.

The following individual is nominated for the Section on Pediatrics "Outstanding Clinician Award":

NOMINEE (State if nominating for PT or PTA award)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Why is this person nominated? (Please use separate sheet of paper)

NOMINATOR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Signature of Nominator: _____ Date: _____

Signing in the capacity of: _____
(Individual Member, Chapter President, Other)

Please submit ONE ORIGINAL TYPED COPY and THREE LEGIBLE COPIES of this Nomination Form, the nominee's Curriculum Vitae, support statements, and other requested documents no later than NOVEMBER 1.

Send materials to:
Executive Office
Section on Pediatrics, APTA
Outstanding Clinician Award
PO Box 327
Alexandria, VA 22313