



SIG Research Award

Application Deadline: August 1

Purpose: To recognize a member of a particular SIG who has demonstrate exemplary contributions to the body of research representative of the population the SIG serves.

Award Details:

- Plaque will be announced at CSM at the ANPT Award Ceremony on Friday evening.
- Awardee will be featured on their corresponding SIG webpage, newsletter, and their SIG social media outlets.

Eligibility/Criteria:

The individual must be a current member of the ANPT and one of the ANPT SIGs

Award Procedures:

Application Process:

Please submit the following materials in a combined PDF file:

- a. Name and contact information of nominee **OR** name and contact information of nominating party (if not self-nominated) through nomination form below
- b. Brief description (1 page limit) of the body of research related to the population the SIG serves.
- c. CV no more than 4 pages

Please fill out the nomination form and corresponding material and e-mail the below information in a PDF format to info@neuropt.org prior to the deadline.

Selection of Recipient:

1. Selection of the recipient will be completed based on a rubric-based system and ranking of applicants by the SIG-elected officers
2. When 5 or fewer applicants apply for the award, each applicant will be reviewed by all of the SIG officers. When more than 5 applicants apply for the award, each candidate will be reviewed by at least 2 SIG officers.
3. Candidates will be evaluated based on their involvement within their SIG and the depth and breadth of their contributions.

Notification of the Award:

1. After selection by the SIG, award recipients will be notified by the Chair of their SIG by November 1.
2. If the awardee is in attendance at CSM, the award will be presented at the ANPT Awards Ceremony on Friday evening. In lieu of attendance at CSM, the plaque will be mailed to the awardee.



SIG Research Award Nomination Form

Date: _____

Please indicate to what SIG you are applying:

- Assistive Technology/Seated and Wheeled Mobility SIG
- Balance/Falls SIG
- Brain Injury SIG
- Degenerative Disease SIG
- Residency & Fellowship SIG
- Spinal Cord Injury SIG
- Stroke SIG
- Vestibular SIG

Name of Nominee: _____

APTA #: _____

Years in SIG (include roles and years served if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

E-mail: _____

Name of Nominator (if applicable) : _____

APTA #: _____ (if applicable)

Years in SIG (include roles and years served if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

E-mail: _____

Please fill out the nomination form and corresponding material and e-mail the below information in a PDF format to info@neuropt.org