

Nomination Form

Thank you for your interest in volunteering. Please fill out this form and email your completed form, CV and bio to Vic Vaughan, Executive Director, vic@libertysquaregroup.com. The information contained in this form will be provided to the Nominating Committee for use of appointments or the election process. Your answers may also be shared with Wound Management SIG membership.

Date:

Candidate Name:

Nomination Position:

I am eligible to serve

I consent to serve

Address:

Email:

Telephone:

Degrees Earned & Certifications:

EXPERIENCE

Clinical/Research/Teaching:

Current Employment:

Professional Contributions:

Professional Awards:

APTA Service History:

Please explain how your experience and expertise could be utilized in the nomination position to further the objectives of the Academy:

Describe your perceptions regarding the direction the Academy should take in the future and how your goals for the nominated position will affect or impact the Academy:

For any further questions or assistance, please email Vic Vaughan Executive Director to vic@libertysquaregroup.com. Thank you!