# 2020 CPTA Awards Packet

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California Physical Therapy Association  
1990 Del Paso Road  
Sacramento, CA 95834  
Telephone (916) 929-2782  
Facsimile (916) 646-5960

**CPTA Legislator of the Year**  
Recommendation Form  
Deadline for receipt: **March 1, 2020**

Please be as specific as possible in completing this form so that the legislator recommended can receive full consideration. Refer to the award criteria found on the back of this form for the specific activities related to exceptional support of the CPTA legislative efforts to be recognized and addressed in the narrative statements.

The following person is currently or was a member of the California Legislature in the past two years.

Name: ______________________________________

Dates or Year(s) of service in the California Assembly or Senate: __________________________

**INSTRUCTIONS:** Recommending party must send the recommendation form and all attachments as a complete packet. **Note:** If multiple recommendations will be submitted for this particular legislator, individuals must submit complete, separate recommendations in order for the legislator to be considered for this award.

1) Attach a summary and documentation of the legislative activity for which he/she will be recognized for exceptional support of the CPTA legislative agenda. If there are specific bills the legislator introduced please include in the recommendation.

2) If possible, attach a resume or vitae of the legislator recommended.

**Recommending Party (please check one):**

_____ District (must be signed by District Chairperson)

_____ Special Interest Group (must be signed by SIG Chairperson)

_____ Individual (APTA Member #______________)

Name: ______________________________________

Address: ______________________________________

City, State, Zip: ______________________________________

Daytime Phone: (_________) ______________________ FAX: (_______) ______________________

E-mail: ______________________________________

Signature: ___________________________ Date: ______________________

As of December 5, 2019
CPTA LEGISLATOR OF THE YEAR AWARD

A. Criteria for Selection

The State Assembly Member or Senator recipient of this award shall have demonstrated consistent support for the profession through one or more of the following activities:

1. authorship of CPTA sponsored major legislation, or
2. advocacy for legislation supporting physical therapy, or
3. sought consultation and input from CPTA on matter of important to health care legislation and policy development in California, or
4. for opposing legislation detrimental to the profession of physical therapy, or
5. demonstration of veracity, tenacity and courage when challenged on appropriate health care policy for Californians, or
6. solicitation of Attorney General or Legislative Counsel opinions on issues of importance to CPTA, or
7. participated in CPTA sponsored events, e.g. PAC dinners, Annual Conferences presentations, District meeting and Town Hall meeting presentations, etc., or
8. demonstrates an “open door” policy to CPTA and its members, or
9. other efforts to advocate for the profession and the consumers of services as a friend to the profession.
2020 Emerging Leader Award

Purpose

The purpose of the Emerging Leader Award is to identify and honor 1 physical therapist or physical therapist assistant "emerging leader" from each APTA component, a person who has demonstrated extraordinary service early in his or her physical therapy career. The individual should have made exceptional overall accomplishments and contributions to APTA, the component, and the physical therapy profession to advance APTA's vision.

Eligibility

1. Current member of APTA for at least 5 years (join date of 5/1/2014 or earlier, including student membership).
2. From formal graduation to no more than 10 years as a licensed PT or PTA (grad date of 5/1/2009 or later).
3. Current or prior service on 1 or more appointed or elected groups at the component or national level.
4. Current or prior service in 1 or more appointed or elected positions at the component or national level.

Criteria for Selection

Each year, 1 "emerging leader" will be recognized from each component, provided the component has submitted a nomination using the procedures outlined below. The following information must be provided in the submission letter:

1. An outline of the individual member's contributions.
2. Examples of demonstrated service to the Association, component, and/or profession.
3. Explanation of potential for future contributions to physical therapy.
4. Examples of ways the person advanced activities at the component level.

The nomination should include a description of the outcome of the contributions and how it aligns with the component or APTA goals, mission, and vision.

Procedure for Nomination

1. The component president or component awards committee chair is responsible for submitting the name and supporting information to: APTA Emerging Leader Award, Component Services Department, 1111 N Fairfax Street, Alexandria, VA 22314 or via e-mail to componentawards@apta.org.
3. The materials submitted for the nomination shall include the following:
   • A detailed nomination letter outlining specified areas.
   • A copy of the nominee's Curriculum Vitae or resume.
   • An electronic photo of the nominee (ideally jpeg format, but other formats will be considered).

Notification of Award

1. The Component Services Department will notify emerging leaders of the recognition in July of each year. Recognized individuals will receive a congratulatory letter and certificate.
2. Emerging leaders will be recognized in the October issue of PT in Motion Magazine as part of a short overall descriptive article that will include a listing and MAY include photos of each emerging leader (name, affiliation, city, state and nominating component).

[Last updated: 04/10/18 | Contact: componentawards@apta.org]
California Physical Therapy Association  
1990 Del Paso Road  
Sacramento, CA 95834  
Telephone (916) 929-2782  
Facsimile (916) 646-5960

Royce P. Noland Award of Merit  
Recommendation Form  
Deadline for receipt: June 1, 2020

Please be as specific as possible in completing this form so that the member recommended can receive full consideration. Refer to the award eligibility and criteria found on the back of this form for the specific types of achievement and service to be recognized and addressed in your narrative statements.

The following person is a current or former member of the California Physical Therapy Association (CPTA) and is recommended for the Royce P. Noland Award of Merit:

Name: ________________________________

Dates or Year(s) of CPTA Membership: ________________________________

Area(s) of Achievement: [ ] Education  [ ] Practice  [ ] Research

INSTRUCTIONS: Recommending party must send the recommendation form and all attachments as a complete packet.

1) Attach a narrative description and documentation of the exceptional achievement of the member recommended in advancing the education, practice, or research of physical therapy.

2) Attach a narrative description of the valuable, consistent service to the profession of physical therapy which demonstrates frequent and sustained efforts to advance the profession over a period of years immediately preceding the recommendation.

3) Attach a resume or vitae of the member recommended.

4) Try to keep this nomination confidential.

Recommending Party (please check one):

[ ] District (must be signed by District Chairperson)

[ ] Special Interest Group (must be signed by SIG Chairperson)

[ ] Individual (APTA Member #______________)

Name: ________________________________

Address: ________________________________

City, State, Zip: ________________________________

Daytime Phone: (_________) ___________ FAX: (_____) ___________________

E-mail: ________________________________

Signature: ________________________________ Date: ____________________
Royce P. Noland Award of Merit

Given for exceptional service and achievement.

In 1986 the Chapter Board created the annual "Royce P. Noland Award of Merit" in honor of Royce P. Noland, retiring APTA Executive Director, past California Chapters Coordinating Council Executive Director, and past California physical therapy leader. The Award was established to acknowledge exceptional service and achievement by an individual to the profession of physical therapy and the American Physical Therapy Association and its components.

A. Eligibility
1. The recipient shall be a current or former member of the California Physical Therapy Association or predecessor chapter.
2. The recipient shall have demonstrated exceptional achievement in advancing the education, practice, or research of physical therapy.
3. The recipient shall have made a valuable, consistent contribution of service to the profession of physical therapy and the Chapter, and the American Physical Therapy Association and its other components.
4. The recipient's achievement and service must be widely known by the general membership or attested to by other Active APTA members in leadership positions.
5. The recipient's service must be sufficient in duration to demonstrate frequent and sustained efforts to advance the profession over a period of years immediately preceding the recommendation.
6. The recipient shall not be a member of the Chapter Board, Awards Committee or an employee of the Chapter at the time that the recommendation is considered by the Chapter Board.

B. Criteria
1. Achievement – The recipient has demonstrated exceptional achievement in one or more of the following areas.
   a. Education: Has fostered the development of quality learning experiences that promote sustaining and improving the physical therapy profession through teaching, administration and/or curriculum development in any one or a combination of the following areas.
      (1) Academic
      (2) Clinical
      (3) Continuing
   b. Practice (one of the following):
      (1) Has developed, advanced, or initiated new or innovative methods, systems, or concepts for delivering physical therapy services.
      (2) Has demonstrated distinguished service within the clinical application of physical therapy by providing services to patients in a manner that exceeds the standards established as acceptable performance on a continuing basis.
   c. Research:
      (1) Has performed and fostered laboratory and/or clinical research that has promoted the development of the physical therapy profession.
      (2) Has published and disseminated the results of his/her research.
      (3) Has demonstrated a willingness to share contributions that have advanced the profession through increased knowledge, development of new techniques, and innovative applications of existing knowledge.
2. Service – The recipient has demonstrated consistent involvement in both of the following areas:
   a. Service to the association by promotion of the organization and its goals, holding district, chapter or national elected offices, or serving on chapter or national committees or appointed groups.
   b. Service to physical therapy and the community through membership in relevant service or voluntary organizations and/or involvement in local, state, or federal government on an elected, appointed, or voluntary basis.
James B. McKillip Leadership Award
Recommendation Form
Deadline for receipt: June 1, 2020

Please be as specific as possible in completing this form so that the member recommended can receive full consideration. Refer to the award criteria found on the back of this form for the specific types of leadership, service and mentoring to be recognized and addressed in the narrative statements.

The following person has been a member of the California Physical Therapy Association (CPTA) for the immediately preceding ten years and is recommended for the James B. McKillip Leadership Award:

Name: ____________________________________________

Dates or Year(s) of CPTA Membership: ____________________________________________

INSTRUCTIONS: Recommending party must send the recommendation form and all attachments as a complete packet. Note: A minimum of three individual members must submit complete, separate recommendations in order for a member to be considered for this award.

1) Attach a description and documentation of the elected and appointed Chapter positions in which he/she was recognized for leadership, and

2) Attach a description and documentation of service as a Chapter Delegate to the APTA House of Delegates where he/she was recognized for leadership.

3) Attach a description and documentation from at least three members who have subsequently held elected or appointed Chapter positions and served as a Chapter Delegate to the APTA House of Delegates (this must include a statement from the member for whom the member recommended served as a mentor, indicating the nature and significance of the mentoring).

4) Attach a resume or vitae of the member recommended.

Recommendation Party (please check one):

_____ District (must be signed by District Chairperson)

_____ Special Interest Group (must be signed by SIG Chairperson)

_____ Individual (APTA Member #________________) Note: Support letters from three different individual members must be submitted with this application.

Name: ____________________________________________

Address: ____________________________________________

City, State, Zip: ____________________________________________

Daytime Phone: (_______) ______________________ FAX: (_______) ______________________

E-mail: ____________________________________________

Signature: ____________________________________________ Date: ______________________
James B. McKillip Leadership Award

A. Criteria for Selection

Members recommended shall have:

1. Been a member of the California Physical Therapy Association for at least the immediately preceding ten years.

2. Held elected and appointed Chapter positions in which he/she was recognized for leadership.

3. Served as a Chapter Delegate to the APTA House of Delegates where he/she was recognized for leadership by the members of the House of Delegates or the Chapter delegation.

4. Been recognized as a mentor to at least three members who have subsequently held elected and appointed Chapter positions and served as Chapter Delegates. Evidence shall include, but not be limited to, statements from the members for whom the member recommended served as a mentor, indicating the nature and significance of the mentoring.

5. The recipient shall not be a member of the Chapter Board, Awards Committee or an employee of the Chapter at the time that the recommendation is considered.
Charles M. Magistro Service Award or Clarence W. Hultgren CPTA Service Award
Recommendation Form
Deadline for receipt: June 1, 2020

Please be as specific as possible in completing this form so that the member recommended can receive full consideration. Refer to the award criteria for the specific types of service and significance of the service to be recognized.

The following individual is recommended for the:

☐ Charles Magistro Service Award [Must have been a CPTA member for at least the preceding five (5) years]
☐ Clarence W. Hultgren CPTA Service Award

Name: ____________________________________________

Dates or Year(s) of CPTA Membership (if applicable): ______________________________________

INSTRUCTIONS: Recommending party must send the recommendation form and all attachments as a complete packet.

Charles Magistro Service Award:
1) Attach a narrative description of the service for each level (i.e. Chapter, APTA and when appropriate District, Special Interest Group, Section, community), providing:
   a. Nature of service (e.g. position held, task performed)
   b. Approximate inclusive dates of service (e.g. years)
   c. Nature of significant positive effect of the service.

2) Attach a resume or vitae of the member recommended.

Clarence W. Hultgren CPTA Service Award:
1) Attach a narrative description of the service of exceptional value provided to the CPTA and the results of that service. Include approximate inclusive dates of service (e.g. years).

2) Attach a resume or vitae of the individual recommended.

Recommending Party (please check one):

_____ District (must be signed by District Chairperson)

_____ Special Interest Group (must be signed by SIG Chairperson)

_____ Individual (APTA Member #____________________)

Name: ____________________________________________

Address: ____________________________________________

City, State, Zip: ______________________________________

Daytime Phone: (___________) ________________________ FAX: (_______) ________________________

E-mail: ____________________________________________

Signature: ____________________________________________ Date: ____________________________

As of December 5, 2019
Charles Magistro Service Award

A. Purpose

To acknowledge and honor individuals who have provided exceptional service to the CPTA and its members. This award may be presented to members of the CPTA, or friends of the CPTA who are not eligible for membership, whose contributions to the CPTA as a whole, at both the Chapter level and the District/Special Interest Group level, have been of exceptional value.

B. Criteria for Selection

Members recommended shall have:

1. Been a member of the California Physical Therapy Association for at least the immediately preceding five years.
2. Provided consistent, valuable and exceptional service to the Chapter and to the APTA.
3. This service shall have continued through at least the last five years to the Chapter and/or APTA.
4. Provided service at the Chapter and APTA level and may have also participated at the District, Special Interest Group, Section, and Assembly, and may have provided volunteer community service which brings recognition and credit to the profession of physical therapy.
5. Provided service which may include, but is not limited to, participation in or on: elected positions, committees, task forces, other appointed groups, and individual assignments.
6. The recipient shall not be a member of the Chapter Board, Awards Committee or and employee of the Chapter at the time that the recommendation is considered.

Clarence W. Hultgren CPTA Service Award

A. Purpose

To acknowledge and honor individuals who have provided exceptional service to the CPTA and its members. This award may be presented to members of the CPTA, or friends of the CPTA who are not eligible for membership, whose contributions to the CPTA as a whole, at both the chapter level and the District/SIG level, have been of exceptional value.

B. Criteria for Selection

1. Contributions should be of exceptional value to the Chapter:
   a. May be in the realm of any area(s) of concern to the Chapter as a whole or to the Districts/SIGs.
   b. May be those made through an individual’s service on one or more elected or appointed groups, or in one or more elected or appointed positions, and/or in one or more other capacities at the Chapter and/or District/SIG level.
   c. Will be judged on the basis of the results of an individual’s service, and not merely the duration or continuity of that service.
   d. Contributions or the results of those contributions are well known by the CPTA membership.

2. Eligibility is defined for two categories for this award:
   a. Member Category = Any member of the APTA in good standing.
   b. Friend of CPTA Category = Any individual who is not eligible for membership in the APTA.

For both categories, the individual must not be an employee of the CPTA or a member of its Board or Awards Committee at the time of nomination.
Publication Awards
Recommendation Form
Deadline for receipt: June 1, 2020

Member Recommended: ________________________________

Address: __________________________________________

City: ___________________________ State: ___________ ZIP: ______

APTA Membership Number: ______________

Category (check only one):

_____ Physical Therapist / Physical Therapist Assistant Clinician

_____ Physical Therapist / Physical Therapist Assistant Student

_____ Physical Therapist / Physical Therapist Assistant Faculty and/or Researcher (circle one)

Name of School (Faculty, Student, Researcher): ________________________________

Inclusive Dates in School (Student): ________________________________

Award for Which Nominated:

_____ Research

Title of Article: ________________________________

Name and Date of Publication: ________________________________

Reprint or copy of article must be submitted with recommendation

_____ Non-Research Publication

Title of Article: ________________________________

Name and Date of Publication: ________________________________

Reprint or copy of article must be submitted with recommendation

Name and affiliation of person making recommendation (self-recommendations are encouraged).

Name: ___________________________ Affiliation: ________________________________

Daytime Telephone: (_______) ________________________________

As of December 5, 2019
Publication Awards

A. Purpose

The California Physical Therapy Association, through its publication awards, honors eligible publications and individuals whose contributions to the profession are outstanding and satisfy the criteria for awards.

B. Provisions

The purpose, eligibility, criteria and procedures for each award are as established by the Chapter Board.

1. Eligibility requirements for each award:
   b. Members of the Chapter Board shall not be eligible for the award during their terms of service.

2. Recommendations shall be received by June 1 of each year.

3. Any Chapter Board member shall be excused from voting on any award for which that individual may have any conflict of interest.

4. Each publication award shall be given annually when there is a qualified candidate(s).

5. The purposes and criteria of awards shall be reviewed and evaluated periodically by the Awards Committee and Chapter Board to determine if they are accomplishing the stated purposes.

C. Categories

1. Research Publications
   a. Physical Therapist / Physical Therapist Assistant Clinician (major portion of practice is as clinician, may be part time faculty or part time researcher – includes Graduate Student members) – Principal Investigator(s) – up to three publication awards may be made annually.
   b. Physical Therapist / Physical Therapist Assistant Student (research is conducted while investigator is enrolled in a professional or post-professional degree program) – Principal or Primary Student Investigator(s) – up to three publication awards may be made annually.
   c. Physical Therapist / Physical Therapist Assistant Faculty and/or Researcher (Full time appointment in accredited or candidate status physical therapist or physical therapist assistant education program and/or major portion of practice is as a researcher) – Principal Investigator(s) – up to three publication awards may be made annually.

2. Non-Research Publications
   a. Physical Therapist / Physical Therapist Assistant Clinician (major portion of practice is as clinician, may be part time faculty or part time researcher – includes Graduate Student members) – Principal Author(s) – up to three publication awards may be made annually.
   b. Physical Therapist / Physical Therapist Assistant Student (research is conducted while investigator is enrolled in a professional or post-professional degree program) – Principal Author(s) – up to three publication awards may be made annually.
   c. Physical Therapist / Physical Therapist Assistant Faculty (Full time appointment in accredited or candidate status physical therapist or physical therapist assistant education program and/or major portion of practice is as a researcher) – Principal Author(s) – up to three publication awards may be made annually.

D. Eligibility

1. Research
   a. Research studies must seek to validate clinical techniques in physical therapy or deal with basic research relevant to physical therapy.
   b. The phrase “research relevant to physical therapy” is to be broadly interpreted to include any area related to physical therapy practice.
c. Must have appeared in print not more than three years prior to the deadline for recommendations for the awards.

d. Recommendations for publications with multiple authors will be accepted.

2. Non-Research
a. Publications of a non-research article in Physical Therapy, PT: Magazine of Physical Therapy, PT In Motion, APTA Section publication, textbook, or comparable publication.

b. The publication must satisfy the following criteria:
   (1) Deal with the practice or administration of physical therapy,
   (2) Have appeared in print not more than three years prior to the deadline for recommendations for the award.
   (3) Members recommended for Physical Therapist Student Publication Award must have completed major preparation of publication while a student, but may have finished it after graduation.
   (4) Recommendations for publications with multiple authors will be accepted.
Rising Star Award
Recommendation Form
Deadline for receipt: June 1, 2020

Please be as specific as possible in completing this form so that the member recommended can receive full consideration. Refer to the award criteria included with this form for the specific types of service and significance of the service to be recognized.

The following member of the California Physical Therapy Association (CPTA) is recommended for the Rising Star Award:

Name: ________________________________________________

Member of CPTA since: ____________________________________

INSTRUCTIONS: Each recommending party must send the recommendation form and all attachments as a complete packet.

1) Attach a narrative description of the service, providing for:
   a. Nature of service (e.g. position held, task performed).
   b. Approximate inclusive dates of service (e.g. years).
   c. Nature of valuable contribution to their District, SIG, and the Chapter.

Recommending Party (please check one):

_____ District or Special Interest Group Executive Committee Member
_____ Other member of District or Special Interest Group
_____ Individual (APTA Member #______________________)

Name: ________________________________________________

Address: ___________________________________________________________________

City, State, Zip: ___________________________________________________________

Daytime Phone: (_______) ______________________ FAX: (_______) ________________

E-mail: ____________________________________________________________________

Signature: ___________________________________________ Date: ________________

As of December 5, 2019
Rising Star Award

A. Purpose

The Rising Star Award, established in 1999, is designed to recognize members just getting started in association activities and who are potential leaders in the California Physical Therapy Association.

B. Eligibility

1. Candidates must be current Physical Therapist or Physical Therapist Assistant members of the California Physical Therapy Association.

2. Candidates shall not have been a member of the California Chapter Board.

3. Candidates must be recommended by at least two members, one of whom must be a current elected member of a District or SIG Executive Committee.

4. Candidates shall have demonstrated enthusiasm, creativity and a valuable contribution to their District, SIG or the Chapter.

5. Candidate shall have demonstrated exceptional service on a District, SIG, or Chapter committee or task force or other appointed group or individual assignment.
Steve Watson Award
Recommendation Form
Deadline for receipt: June 1, 2020

Please be as specific as possible in completing this form so that the member recommended can receive full consideration. Refer to the award criteria found on the back of this form for the specific activities related to exceptional support of the CAL-PT-PAC.

The following person has been a member of the California Physical Therapy Association (CPTA) for the immediately preceding two years and is recommended for the Steve Watson Award:

Name: ____________________________________________________________

Dates or Year(s) of CPTA Membership: ______________________________

INSTRUCTIONS: Recommending party must send the recommendation form and all attachments as a complete packet. Note: If multiple recommendations will be submitted for this member, individuals must submit complete, separate recommendations in order for the member to be considered for this award.

1) Attach a letter of recommendation highlighting the legislative activity for which this member will be recognized.

2) Attach a resume or vitae of the individual recommended.

Recommending Party (please check one):

______ District (must be signed by District Chairperson)

______ Special Interest Group (must be signed by SIG Chairperson)

______ CAL-PT-PAC Committee (must be signed by Chairperson)

______ Individual (APTA Member #__________________)

Name: ____________________________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Daytime Phone: (_________) ___________________________ FAX: (_______) _______________________

E-mail: ______________________________________________________________________

Signature: ____________________________ Date: ____________________
Steve Watson Award

A. Purpose:
   The Steve Watson Award was established in 1999 to honor a former member of the CAL-PT-PAC. The award is designated to recognize a CPTA member who has demonstrated similar characteristics of Steve. Steve was recognized as being a team player, exhibiting a positive attitude, dynamic and enthusiastic, motivational and supportive, a person who “gets things done” and is dedicated to the CAL-PT-PAC.

B. Eligibility
   1. A current member of the CPTA.
   2. May not be a current member of the CAL-PT-PAC Committee at the time of consideration.

C. Criteria for Selection
   The individual recommended shall have:
   1. Provided service as an individual of team member who helps produce a positive outcome to the CAL-PT-PAC.
   2. Demonstrated dedication, enthusiasm, and creativity that have resulted in a significant positive effect on the CAL-PT-PAC.
   3. Participated in various political activities, functions or meetings that promote the physical therapy profession at the local, state or national level. Provided financial contributions to the CAL-PT-PAC that supports the profession of physical therapy.