



Academy of Clinical Electrophysiology & Wound Management Award Nomination Form

Nominee

Name (include all professional designations):

Email:

Phone:

Nominator

Name (include all professional designations):

Email:

Phone:

Select award for this nomination (full award descriptions are available on our website):

1. [Award of Excellence in Clinical Practice](#)
2. [Award of Excellence in Research](#)
3. [Award of Excellence in Academic Education](#)
4. [Award of Excellence in Clinical Education](#)
5. [Award of Excellence in Service](#)
6. [Lynda D. Woodruff Award of Excellence in Diversity, Equity, & Inclusion](#)
7. [Outstanding Student Award](#)
8. [Outstanding Physical Therapist Assistant Award](#)

Please provide a brief summary below of the nominee's accomplishments in reference to the award for which they are being nominated.

Nomination Deadline – November 15th

Send questions and completed nomination form to ckrueger@orthopt.org

