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| 2016 Emerging Leader Award Application  **New Professional** | | | | | |
| Name: | | | | | |
| APTA Membership Number: | Month/Year of Graduation: | | | | |
| School: | | | | | |
| PT License Number: | | Phone: | | | |
| Mailing Address: | | | | | |
| Email Address: | | | | | |
| Which 2016 conference are you planning to attend? (Circle One) | | | |  | |
| * State Policy & Payment Forum   Sept 17-18, 2016, Pittsburgh, PA | | | |  | |
| * DE, DC, MD Regional Fall Conference - Nov 5-6, 2016, College Park, MD | | | |  | |
| Have you ever been on professional probation? (Circle One) | | | YES | | NO |
| If YES, please list why: | | | | | |

Please submit (by August 15th) this application and all accompanying documents to:

Delaware Physical Therapy Association  
1055 North Fairfax Street  
Ste 205, Alexandria, VA 22314