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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
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| 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