



PHYSIOTHERAPY
ASSOCIATION OF
BRITISH COLUMBIA

Public Practice Advisory Committee's Public Practice Physio in Focus Award

AIM

- To highlight Public Practice PABC Members who are leading the way in patient care, development of the profession or research.
- To increase the public's awareness of physiotherapists and the use of physiotherapy in public practice.

ACTIONS

- Nominations to be e-mailed to PPAC Chair Person by November 30, 2017.
- Short-listing to be completed by PABC CEO & PPAC Chair.
- One winner to be selected by majority vote of the PPAC members.
- In the case of a tie a re-vote will continue until one winner is selected.
- The winner will send in a photo of themselves to PABC for publication in the newsletter, website, and on social media.
- Winner will be honoured at the PABC Practice Forum.
- The chosen winner will be highlighted on PABC media and their Ambassador will be sent a poster graphic that they can post at their facility.

ELIGIBILITY

- PABC Member in good standing.
- Working in a recognized public practice position.
- Holding a position at their current facility for at least one year.
- Has not been a member of the PABC-PPAC for the past one year.
- Nomination received in the current nomination year.

PRESENTATION AND FORM OF AWARD

- This award will be presented at the annual Physiotherapy Practice Forum. The recipient will receive a certificate and reimbursement for travel expenses to the Forum.

Applications must be received **by February 1, 2019**.

Mail or email nominations to:

Physiotherapy Association of BC

Phone: 604-736-5130 x.2

#402, 1755 West Broadway

Vancouver, BC V6J 4S5

Email: events@bcphysio.org



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**Public Practice Advisory Committee's
Public Practice Physio in Focus Award**

Public Practice Physio in Focus Nomination Form

To highlight Public Practice PABC Members who are leading the way in patient care, research or development of the profession. One winner will be chosen a year in March by PABC's Public Practice Advisory Committee.

Nominee: _____ Current

Position Title: _____

Area(s) of Special Practice: _____

Time in the Position: _____ Yrs _____ Mos

Workplace/Health Authority: _____

Category of Nomination: Patient Care Research Professional Development

Nominee Aware of Nomination: Yes No
(Nominee won't be notified unless they have won)

Reason for Nomination*

(Why Nominee should be chosen to win)

*300-500 Words

Nominators (Nominators may be any PABC coworker or colleague of the Nominee)

Primary Nominator: _____

Phone: _____ E-mail: _____

Co-Nominator #1 (Required): _____

Phone: _____ E-mail: _____

Co-Nominator #2 (Optional): _____

Phone: _____ E-mail: _____