

Facility of the Year Nomination Form

South Carolina is filled with facilities offering exceptional physical therapy services, and we want to make consumers, practitioners, and vendors aware!

Submit this form with an attached document detailing information about your clinic or facility including information about the mission and vision along with why you feel your organization represents best practice, community engagement, association participation, and/or excellent patient/client outcomes utilizing innovative practice (2 page maximum) to kelly@aptasc.org to be considered for feature in the Chapter's newsletter and website. Please submit HIPAA and FERPA compliant pictures of your facility (with or without clinic staff) for inclusion in Chapter messaging and promotion.

If this facility is selected as the Facility-of- the-Year, the contact identified below will be notified mid-February so representatives from the facility can plan to attend the Chapter's Annual Conference to accept the award. Representatives may attend the Business Meeting and Lunch at which the award will be presented but must RSVP by the early bird deadline. Representatives wishing to attend other aspects of the conference may do so but will be required to pay any related registration fees.

Facility Name
Physical Address (Street, City, State, Zip Code)
Phone Number
Facility / Clinic Owner Name
Clinic Director Name and credentials
Website address
Official Social Media Accounts and Platforms (e.g. Facebook, Instagram, and Twitter)

APTA South Carolina reserves the right to not highlight a facility or accept nominations for the Facility of the Year Award. Clinics can be nominated and awarded more than once.