

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: \_\_Connie Crump, PT, DPT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_910 Berkley Drive, Marion, IN 46952\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_765-677-1598\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_765-603-6381\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_Indiana Wesleyan University (IWU)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_connie.crump@indwes.edu OR conniecrumppt@yahoo.com \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Membership in APTA and Indiana Chapter: \_\_25+\_\_\_\_\_\_\_\_\_\_\_

POSITION RUNNING FOR: \_\_\_\_Delegate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: BS in Physical Therapy from Indiana University (1989); DPT from A.T. Still University (2013)

Previous APTA/Other Leadership Activities: Facility Rehab Director for previous employer; Faculty Senate representative for my School of Health Sciences (SHS), which represents the entire faculty body; Institutional Review Board (IRB) at IWU; Chair for the Staff Parish Committee, and Administrative Council at my church.

Write a statement about why you want to run for a particular position (this will be published in your words):

The privilege and responsibility of being a physical therapy professional demand our attention and care for all the matters that potentially affect our mutual livelihood. It would be an honor to function in this capacity for all those represented in our membership and for all the peoples we collectively serve.

**Consent to Serve Statement:**

I acknowledge the duties of the above position have been provided to me and I agree to serve in the position should I be slated and then elected. I am willing and able to attend all INAPTA Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of INAPTA.

Signature: \_\_Connie Crump, PT, DPT\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_8/15/2016\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PROVIDE A HEADSHOT (DOES NOT NEED TO BE FORMAL)

Please return the Biographical Statement & Consent Form and Headshot to inapta@apta.org by September 16, 2016.