

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: Lisa Kloc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: 7711 Bartels Dr. Evansville, IN 47710\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: 812-867-7448\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: 812-867-7448\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: South Gibson School Corporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: lisa.kloc@sgibson.k12.in.us or lisa.kloc@hotmail.com \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Membership in APTA and Indiana Chapter: \_\_\_\_38\_\_\_\_\_\_\_\_\_\_\_

POSITION RUNNING FOR: \_\_Nominating Committee Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education:

M.S. in Rehabilitation Sciences (with an emphasis in pediatrics) University of Oklahoma 2005

B.S. Physical Therapy Indiana University 1978

Previous APTA/Other Leadership Activities:

I have been a member of the APTA since 1978, and have held a variety of elected and appointed positions at the State, Chapter, and Section level. I am most proud of being awarded the Fran Ekstam Award from the Indiana Chapter.

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

I am honored to be nominated for the Nominating Committee. I feel it is a professional responsibility to participate in the INAPTA and would value the opportunity to contribute. Thank you for your consideration and I appreciate your vote.

**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: \_\_Lisa Kloc, PT (electronically signed 9-16-16)\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_9-16-16\_\_\_\_\_\_\_

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.