

**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: \_\_\_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: Indiana Chapter Delegate 2016-2017; Facility Rehab Director for previous employer; Faculty Senate representative for the School of Health Sciences (SHS) at IWU, 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 both demand our attention and care in all the matters that potentially affect our mutual livelihood. It would be both a privilege and an honor to serve as a chapter delegate for all those represented through our membership and for all the individuals 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: \_\_8/21/2017\_\_\_\_\_\_\_\_\_\_\_\_

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 15, 2017.