



Indiana Chapter
American Physical Therapy Association

BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM

Name: _____ Stacey Rapp (formerly Stacey Gamblin) _____

Address: _____ 232 South Tunis Avenue, Evansville, IN 47712 _____

Work Phone: _____ Home Phone: _____ (812) 455-5947 _____

Current Employer: _____ St. Vincent Medical Group _____

E-Mail: _____ staceyrapp@hotmail.com _____

Years of Membership in APTA and Indiana Chapter: _____ 17 APTA, 12 INAPTA _____

POSITION RUNNING FOR: _____ Membership Secretary _____

Education: Master of Physical Therapy, University of Evansville

Previous APTA/Other Leadership Activities: I have served as on the Southwestern Indiana district APTA since 2007 in various roles, including nominating committee and Vice Chair, until I was elected to the INAPTA Membership Secretary position in 2015. I currently work in a St. Vincent Hospital Leadership position as a Practice Administrator.

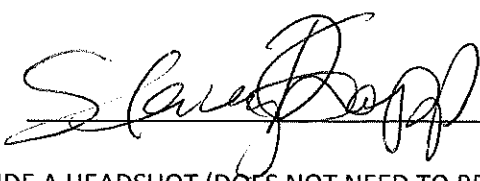
Write a statement about why you want to run for a particular position (this will be published in your words):

I have been involved in a leadership position with INAPTA from the district level to the state level for 12 years. I have served my first term as the Membership Secretary for INAPTA at the state level over the past 2 years. I feel that I am now well-acquainted with the expectations of the role and how the role of the Membership Secretary is instrumental in helping to attain the strategic plan for our INAPTA members. I truly enjoy being able to serve our members both at the district level as well as at the state level.

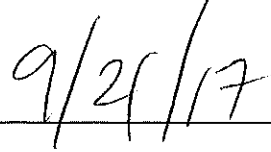
Consent to Serve Statement:

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:

_____

Date:

_____

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.