

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: \_\_Matthew Hall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_1052 E. Jennifer Drive Bloomington, IN 47401\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_317-621-7523\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_812-361-5785\_\_\_

Current Employer: \_\_\_\_\_Community Health Network\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_matt@mahall.us\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Membership in APTA and Indiana Chapter: \_\_\_\_13\_\_\_\_\_\_\_\_\_\_\_

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

Education: BS Physical Therapy Indiana University 2000

Doctorate of Physical Therapy University of Indianapolis 2010

Previous APTA/Other Leadership Activities: Delegate, Bylaws Chair, Southern Region Director at Large

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

In 2005-2006 I was delegate for the INAPTA. This was a great opportunity as a younger member of our organization to learn and help move our profession in the direction that benefits the members of the INAPTA. Since then I have held other positions such as the Southern Region Director at Large and I was the Bylaws Chair for a number of years. These positions allowed me to look at our state organization from a different lens.

I have also moved into a management position at Community Health Network. When I first started in this position I stepped down from Southern Region Director at Large to focus on my new position. Now that I am managing clinics it is apparent to me that the time has come for increased involvement back in the APTA. Delegates help to shape the future of our profession, and thus provide a unique opportunity to serve the communities that seek our services. Being a clinician for 17 years and a manager for clinicians for just under a year gives me some new perspective on the bigger picture and the future of our profession.

I hope that you will vote for me as Delegate for the Indiana Chapter of the American Physical Therapy Association.

**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: \_\_\_\_9/4/2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

