



Indiana Chapter

American Physical Therapy Association

BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM

Name: Tammy Simmons
 Address: 7216 Fields Way Indpls IN 46239
 Work Phone: 317-788-3520 Home Phone: 317-965-3483
 Current Employer: UINDY
 E-Mail: Simmons+@uindy.edu
 Years of Membership in APTA and Indiana Chapter: 10-15?
 POSITION RUNNING FOR: Nominating Committee

Education: BS Ohio State 1986; MHS 1995 UINDY
DHSc UINDY 2017
 Previous APTA/Other Leadership Activities: N/A

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

I am interested in serving and understand this is a great position in which to wet my feet.

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: Tammy Simmons Date: 9/7/15

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.