



# Indiana Chapter

American Physical Therapy Association

## BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM

Name: Shane Sommers  
Address: 632 MacBeth Dr. Avon, IN 46123  
Work Phone: 317-745-3642 Home Phone: 317-272-2418  
Current Employer: Hendricks Regional Health  
E-Mail: shane.sommers@hendricks.org  
Years of Membership in APTA and Indiana Chapter: 20  
POSITION RUNNING FOR: Chief Delegate

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Education: BS (Biology/Chemistry) – University of Indianapolis  
MS (Physical Therapy) –Duke University

Previous APTA/Other Leadership Activities: I served on the Legislative Committee, and two terms as chapter president

Write a statement about why you want to run for a particular position (this will be published in your words): In my two terms as chapter president I had the honor of attending and participating in the house of delegates for four years. It was a great honor to sit in the house and be able to contribute to the future direction of our great profession. I truly want to make a positive impact on our profession and its future, I feel that being Chief Delegate is one way to make that positive impact.

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### 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: \_\_\_\_\_

09/15/17

PLEASE PROVIDE A HEADSHOT (DOES NOT NEED TO BE FORMAL)

Please return the Biographical Statement & Consent Form and Headshot to [inapta@apta.org](mailto:inapta@apta.org) by September 15, 2017.