Indiana Chapter
American Physical Therapy Association

BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM

Name: ____Ryan Wood PT, DPT, MHA, OCS

Address: ___204 Plaza Dr, Evansville, IN 47715_____

Work Phone: ____812-402-0444_____   Home Phone: _____847-951-9620_____

Current Employer: _____Self Employed, Forefront Therapy_____

E-Mail: _____Ryan@forefronttherapy.org_____

Years of Membership in APTA and Indiana Chapter: ___7 years, 3 years_____

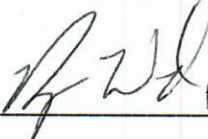POSITION RUNNING FOR: ____Treasurer_____

Education: Bachelors in Exercise Science, Minor in Spanish- Saint Louis University

Doctor of Physical Therapy-Saint Louis University

Orthopedic Residency- University of Chicago Medicine

Masters of Health Administration: University of Southern Indiana

Previous APTA/Other Leadership Activities:

INAPTA Conference Committee: 2015-Present

INAPTA Treasurer: 2015-Present

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

After serving Treasurer throughout the past term, I have learned many of the intricacies of the position dedicated to both the Chapter as well as the Political Action Committee. During my term, I have established increased legality for the PAC, facilitated the transition to a separate banking system, established a new PAC accounting system, and proposed and executed a $120,000 fund transfer to various investment accounts. I have thoroughly enjoyed the role and have other items that I am currently working on. To serve our profession is something of which I am quite proud and would like to continue to serve in my current role as Treasurer.

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: _____PT, DPT, MHA, OCS_____   Date: ___9/8/17_____

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.