

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: Nathan Nevin

City of Residence: Greenville Current Employer: Bellarmine University and Baptist Health Floyd

Years of Membership in APTA and APTA Indiana: APTA 12 years; APTA Indiana 10 years

POSITION RUNNING FOR: Vice President

Education:

Bachelors of Health Science – Bellarmine University 2008

Doctor of Physical Therapy – Bellarmine University 2009

American Academy of Orthopedic Manual Physical Therapy Fellowship – University of St. Augustine 2016

Previous APTA/Other Leadership Activities:

SE District Chairperson 2011-2016

Southern Region Director at Large 2015-present

Bellarmine University DPT AAOMPT Student SIG Faculty Advisor 2018-present

Bellarmine University Alumni Association 2020-present

APTA Indiana Alternate Delegate 2020-present

Centennial Ambassador APTA Indiana 2020

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

I am honored by the nomination to be the next vice president of APTA Indiana and proudly accept this nomination. Being involved with the chapter in various leadership roles over the past 9 years has been such a great experience. I have grown as a physical therapist, clinician, teacher, and leader throughout my service to this chapter. I have met and had the privilege of working with so many great leaders and these people have become mentors, colleagues, and friends. I have no experience in the role as vice president, but I will work diligently with the president and the board to make sure I fulfill all my duties to the very best of my abilities. I have seen firsthand the importance of physical therapy and how much we can change and transform society. We play a vital role in the world of healthcare and I want to make sure we continue to grow as a profession. I truly believe we can all make difference. Please consider voting for me for the position of vice president. Thank you.

**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 APTA Indiana Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of APTA Indiana.

Signature: Date: 7/28/2020