

## **Excellence in Medicine Awards Nomination Form**

Deadline for nominations: Friday, May 6, 2011

E-mail completed form with required documentation to: <u>AMorris@MSMAonline.com</u>. You should receive an email confirmation upon receipt. If you do not receive an email reply of receipt, please call Anna Morris at 601-853-6733, Ext. 324 to make sure your nomination was received.

## **Nominee Information**

Name:			
Address:	First	Middle Initial	Last
City/State	Street Addres	ss	
Telephone	City e:	State	Zip Code
Birth date	Daytime Phone	Place of Birth:	
Medical S	(mm/dd/yyyy) chool:		City and State
Graduated	Medical Specialty:		
Board Certification(s):			
E-mail address:			
Nominee is an MSMA Member: Yes No			
Submitted By:			
Name (and contact information) of person submitting the nomination E-mail Address:			
	E-mail at the above for the following aw MSMA Community Service Award	address of person submitting transfer (choose only 1 per form)	
	MSMA Excellence in Wellness Pro	motion Award	

Supporting Information
1. Principal Professional Membership and Faculty Appointments (List position held and dates.)
2. Principal Honors:
3. Sponsor's Narrative Statement (Describe nominee's accomplishments and contributions using not less than 50, nor more than 250 words.)
4. Endorsement I (not required) (Not less than 50, nor more than 250 words.)
5. Endorsement II (not required) (Not less than 50, nor more than 250 words.)

Award recipients must agree to be present to accept the award in person on Friday morning, May 20, 2011, at the opening session of the MSMA House of Delegates Meeting in Tupelo, MS.

Please e-mail completed nomination form to: <u>AMorris@MSMAonline.com</u>

Questions or additional information: Please contact Anna Morris, Director of External Relations, at <a href="mailto:AMorris@MSMAonline.com">AMorris@MSMAonline.com</a> or 601-853-6733, Ext 324.