

# SASKATCHEWAN MEDICAL ASSOCIATION

## PHYSICIAN LEADER OF THE YEAR

### Nomination Form

The Saskatchewan Medical Association (SMA) Physician Leader of the Year is awarded annually to a physician who demonstrates a significant leadership contribution to the medical profession benefitting his/her community.

#### Eligibility Criteria:

- Physician must be an SMA member (who has either ordinary, salaried, part-time or retired membership status)
- Physician must be living in Saskatchewan at time of nomination
- Leadership contributions focused on care, quality, and service
- Leadership contributions can be made in the professional or personal spheres
- Contributions can be made at either a community, district, provincial, national or international level

Please return nomination forms by **Aug. 15, 2022**, via mail or email to:

Physician Leader of the Year  
Saskatchewan Medical Association  
201 – 2174 Airport Drive  
Saskatoon, SK S7L 6M6  
Email: [sma@sma.sk.ca](mailto:sma@sma.sk.ca)

### Nominee Information

#### Name:

\_\_\_\_\_  
*Surname* *First Name* *Initial(s)*

**Address:** (check one) Office  Residence

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/Town* *Postal Code*

**Telephone:** *Office* *Residence*

**Fax:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Practice Specialty:  Family Physician  Specialist: \_\_\_\_\_

Leadership contribution to:  Professional sphere  Personal sphere



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Level of Contribution:  Community  
 Provincial

District/Region  
 National

International

## The Nomination Form has three parts:

1. Summary of nominee's contributions
2. Letters of support
3. Nominators' information

1. **Summary** - Please provide a brief summary of this nominee's leadership contributions focused on care, quality, and service in either professional or personal spheres. Attach other biographical information as appropriate.
2. **Supporting documents** – Please attach a minimum of two letters of support from colleagues, nominators, patients or other community members.
3. **Nominator information** – Nominators are asked to complete the following information. A letter of reference from at least one of the nominators must also be provided.

### 1<sup>st</sup> Nominator

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Street*

*City/Town*

*Postal Code*

**Telephone:** *Office* \_\_\_\_\_

*Residence* \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature** \_\_\_\_\_

### 2<sup>nd</sup> Nominator

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Street*

*City/Town*

*Postal Code*

**Telephone:** *Office* \_\_\_\_\_

*Residence* \_\_\_\_\_



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**Fax:**

**Email address:**

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**Signature**

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