

SASKATCHEWAN MEDICAL ASSOCIATION

PHYSICIAN OF THE YEAR

NOMINATION FORM

The Physician of the Year Award was instituted in 2002 to recognize the valuable contribution and service of one exemplary Saskatchewan physician each year.

Criteria for Award:

- Nominee must be a SMA member (who has student, resident, ordinary, salaried, part-time, or retired membership status)
- Nominee must be living in Saskatchewan at the time of nomination
- Merit is based on quality, care and service – in either the medical profession or volunteer sector at a community, district, provincial, national or international level

Please return nomination forms by **Aug. 15, 2022** to:

Physician of the Year
Saskatchewan Medical Association
201, 2174 Airport Drive
Saskatoon, SK S7L 6M6

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: _____

Contribution to: Medical Profession Community Agency: _____

Level of Contribution: Community District/Region
 Provincial National International



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MEDICAL ASSOCIATION

The Nomination Form has three parts:

1. Summary and nominee *curriculum vitae*
 2. Letters of support
 3. Nominators' Information
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1. **Summary** - Please provide a brief summary of this nominee's contributions to the medical profession, the community and the practice of medicine in Saskatchewan. Attach a copy of the nominee's *curriculum vitae* or other biographical information as appropriate.

2. **Supporting documents** – Please attach letters of support from colleagues, nominators, patients or other community members and/or newspaper clippings, etc. as appropriate.

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.

1st Nominator

Name: _____

Address: _____
Street *City/Town* *Postal Code*

Telephone: Office _____ Residence _____

_____ Fax _____ Email address _____

Signature _____

2nd Nominator

Name: _____

Address: _____
Street *City/Town* *Postal Code*

Telephone: Office _____ Residence _____

_____ Fax _____ Email address _____

Signature _____