

SASKATCHEWAN MEDICAL ASSOCIATION

SMA SERVICE AWARD

Program Parameters

The Saskatchewan Medical Association (SMA) Service Award is awarded annually to a physician who demonstrates a significant contribution to the SMA.

Eligibility Criteria:

- At the time of nomination, a physician must be an Ordinary, Retired/Inactive, or Honorary member of the SMA.
- Service contributions focused on service to the SMA on committees, the board or in other activities supporting the SMA and its mission.
- Service will be considered whether it is paid or unpaid.

Nominations:

- There must be two nominators (who must be SMA members).
- Deadline for nominations is **Aug. 31, 2024**.
- Nominations must include:
 - ✓ A completed nomination form signed by both nominators.
 - ✓ A short summary (maximum of 750 words) outlining the candidate's contributions to the SMA .

Adjudication:

- Nominations will be reviewed by the SMA Nomination and Appointments Committee and adjudicated by the SMA Board of Directors.
- Decision criteria will include:
 - ✓ Type of contribution to SMA activities.
 - ✓ Impact on the SMA and profession.

Recognition:

- The physician will receive a recognition plaque/award.
- All expenses paid for travel to and attendance (including accommodation) at the Annual Dinner of the Saskatchewan Medical Association.
- The award will be presented at the Annual Dinner (held in conjunction with the SMA Fall Representative Assembly).
- Recipient may receive local, regional and provincial media attention.



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Nomination Form

The Saskatchewan Medical Association (SMA) Service Award is awarded annually to a physician who demonstrates a significant contribution to the SMA.

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Please return nomination forms by **Aug. 31, 2024**, via mail or email to:

SMA Service Award
Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6
Email: sma@sma.sk.ca

Nominee Information

Name:

_____	_____	_____
<i>Surname</i>	<i>First Name</i>	<i>Initial(s)</i>

Address:

<i>Street</i>

_____	_____
<i>City/Town</i>	<i>Postal Code</i>

Telephone:	<i>Office</i>	<i>Residence</i>
_____	_____	_____

Email address:	_____	_____
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The Nomination Form has two parts:

1. Summary of nominee's contributions
2. Nominators' information



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Summary - Please attach a brief summary (maximum 750 words on a separate sheet) of this nominee's contributions to the SMA, including service on committees, the board or in other activities supporting the SMA and its mission. Please note one summary is required, each nominator does not have to provide a summary.

Nominator information – Nominators are asked to complete the following information.

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 _____



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