

SASKATCHEWAN MEDICAL ASSOCIATION

PHYSICIAN LEADER OF THE YEAR

Program parameters

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.

Nominations:

- There must be two nominators.
- Deadline for nominations is **Friday, Aug. 15, 2025**.
- Nominations must include:
 - A completed nomination form signed by both nominators.
 - A summary of the candidate's achievements.
 - Two (2) letters of reference.

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.
 - Impact on target population.
 - Length of service/contribution.

Recognition:

- The physician will receive a recognition plaque/award.
- All expenses paid for travel to and attendance (including accommodations) at the annual awards ceremony of the Saskatchewan Medical Association (held in conjunction with the SMA Fall Representative Assembly).
- Recipient will receive local, regional, and provincial media attention as well as social recognition.

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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.

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Please return nomination forms by **Friday, Aug. 15, 2025**, 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

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

Level of Contribution: Community District/Region Provincial 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 (below or separately) of this nominee's leadership contributions focused on care, quality, and service in either professional or personal spheres. Attach other biographical information or a CV as appropriate.
2. **Supporting documents** – Please attach a minimum of two letters of support from colleagues, nominators, patients or other community members.
3. **Nominators' 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

Summary: