

SASKATCHEWAN MEDICAL ASSOCIATION

PHYSICIAN OF THE YEAR

PROGRAM PARAMETERS

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

Eligibility Criteria:

- Physician must be an SMA member (who has either student, resident, ordinary, salaried, part-time or retired membership status).
- Physician must be living in Saskatchewan at time of nomination.
- Service contributions focused on care, quality, and service.
- Contributions can be made in the medical profession or volunteer sector.
- 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 media recognition.

The Nomination Form has three parts:

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

1. **Summary** - Please provide a brief summary (below or separately) of this nominee's contributions to the medical profession, the community and the practice of medicine in Saskatchewan. Attach other biographical information or a CV 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. **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: