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 **Friday**, **Aug. 15**, **2025**.
- Nominations must include:
 - o 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:
 - o Type of contribution to SMA activities.
 - o Impact on the SMA and profession.

Recognition:

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

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SMA SERVICE AWARD

Nomination Form

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

The Nomination Form has two parts:

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

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.

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

1 st Nominato	r		
Name:			
Address:			
	Street	City/Town	Postal Code
Telephone:	Office	Residence	
Fax:		Email address:	
Signature			
2 nd Nominato	or		
Name:			
Address:			
	Street	City/Town	Postal Code
Telephone:	Office	Residence	
Fax:		Email address:	
Signature			