

Wyoming Medical Society

Community Service Award

2010 Nomination Form

QUALIFICATIONS

Nominee must be a physician licensed to practice in Wyoming, a member in good standing of the Wyoming Medical Society, must not have received this award previously, and must have compiled an outstanding record of community service.

HOW TO NOMINATE SOMEONE

Please complete the following information as fully as possible. You may instead attach a copy of the nominee's CV (if available) to provide the necessary information. Please be sure to include your comments as to why the nominee deserves to be recognized with this award (see page 2).

You may also include letters of recommendation from additional colleagues of the nominee, but this is not required.

INFORMATION ABOUT NOMINEE

Name: _____

Address: _____

Phone: Fax: E-mail: _____

Education – Undergraduate / Medical School / Internship / Residency:

Professional Medical Organization Memberships:

Civic Organizations/Community Activities:

Honors/Awards/Accomplishments:

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Church Affiliation:

Military Service:

Spouse/Children:

COMMENTS ON CANDIDATE

Please tell why you think the nominee should be recognized for outstanding community service:

Nomination Submitted By: _____

Address: _____

Phone: Fax: E-mail: _____

Please complete this form and return it to the WMS office by no later than May 7, 2010. Feel free to contact the WMS office with any questions or concerns regarding the nomination process. WMS will honor the award recipient at the 2010 President's Dinner at the Annual Meeting June 10-12 at the Jackson Lake Lodge in Moran, WY.