



ALBERTA  
MEDICAL  
ASSOCIATION

## ACHIEVEMENT AWARDS

### Medal for Distinguished Service Nomination Form

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The Alberta Medical Association Board of Directors created the Achievement Awards in 1992 to honor a physician with a Medal for Distinguished Service for his or her hard work in contributing to quality health care in Alberta. **Nominees will be notified of their nominations.**

**Please mail, fax or email nomination form by April 30, 2019 to:**

Chair  
Committee on Achievement Awards  
c/o Michelle Hawgood, Public Affairs  
Alberta Medical Association  
12230 106 Ave NW  
EDMONTON AB T5N 3Z1

Fax 780.482.5445  
[Michelle.Hawgood@albertadoctors.org](mailto:Michelle.Hawgood@albertadoctors.org)

#### Information about nominee

Name *(first name, initial, surname)*

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Address *(street, city/town, postal code)*

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Office phone no.

Residence phone no.

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Fax no.

Email address

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## 1. Executive Summary

This may be a two-page summary of all information provided. It is very important to attach the summary.

## 2. Contributions Relating to Award Criteria

Please clearly define how the nominee has met the award criteria in his or her contributions to quality health care in Alberta. Relate in detail the nominee's outstanding personal achievement beyond normal expectations.

- Physician who may or may not be an AMA member, and
- Who has made an outstanding personal contribution to the medical profession and to the people of Alberta, that has
  - Contributed to the art and science of medicine
  - Raised the standards of medical practice

## 3. Chronological Biography

To assist the committee in choosing an award recipient, attach curriculum vitae or biographical information. Alternatively, outline the nominee's education, work experience (or career to date), current medical practice (if applicable) and other relevant background, e.g., volunteer and community involvement. In addition, provide personal anecdotes, testimonials and narratives of the nominee. (Please obtain supporting documentation from the nominee if available.)

## 4. Awards/Honors

Summarize awards, honors, etc., or include newspaper clippings that demonstrate the nominee's contributions.

### Nominated By

Name *(first name, initial, surname)*

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Organization

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Address *(street, city/town, postal code)*

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Office phone no.

Residence phone no.

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Fax no.

Email address

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Signature

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