



**ALBERTA
MEDICAL
ASSOCIATION**

ACHIEVEMENT AWARDS

Medal of Honor Nomination Form

The Alberta Medical Association Board of Directors created the Achievement Awards in 1992 to honor a non-physician with a Medal of Honor 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

Information about nominee

Name *(first name, initial, surname)*

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

Office phone no.

Residence phone no.

Fax no.

Email address

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.

- Non-physician who has made an outstanding personal contribution to the people in Alberta, and
- Who has:
 - Contributed to the advancement of medical research, medical education, health care organization, health education and/or health promotion to the public
 - Raised the standards of health care in Alberta

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)*

Organization

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

Office phone no.

Residence phone no.

Fax no.

Email address

Signature
