

BOONE COUNTY MEDICAL SOCIETY

Distinguished Physician Award *(Previously called Doctor of the Year Award)*

NOMINATION FORM

Nominations for the Boone County Medical Society's Distinguished Physician Award are being solicited from now through October 1, 2020. This award will be given annually only if there is a nominee who meets the following criteria.

Eligible nominees must meet two mandatory requirements. Nominees must:

1. Be a member in good standing of BCMS who has made a significant contribution in his/her practice of medicine and be nominated by a fellow BCMS member.
2. Have a minimum of 15 years in the practice of medicine with at least five years of practice in Boone, Howard or Cooper counties. (The board reserves the right to waive the phrase "with at least five years of practice in Boone, Howard or Cooper Counties" if appropriate.)

The ideal nominee also will meet at least ONE of the criteria described below:

- Local, state or national recognition in their specialty
- Significant contributions to medical research, teaching or scientific publications
- Significant contributions to organized medicine outside of Boone, Howard or Cooper counties
- Significant community involvement outside of medicine
- Noteworthy humanitarian efforts on a local, national or international level

The BCMS Distinguished Physician Award Committee and the Board of Directors will select the recipient and the winner will be notified by the Board President.

The award will be presented during the Annual Gala/General Membership Meeting held Feb. 6, 2021. Whenever possible, the person who nominates the recipient will be asked to assist in the presentation of the award.

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Complete the information below and return it with your letter of support and your nominee's CV no later than October 1, 2020, to:

Boone County Medical Society
P.O. Box 1028,
Jefferson City, MO 65102

Or return via email to: bcms@socket.net

Nominee's Name: _____

Nominee's Years in Practice in Boone, Howard or Cooper counties: _____

Nominated By: _____

Your Phone Number: _____

Your Email Address: _____