



**2008**  
**Country Doctor of The Year**  
**Nomination Form**

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your relationship to this nominee (colleague, patient, relative, etc.) \_\_\_\_\_

Nominee's educational background: \_\_\_\_\_

Undergraduate school: \_\_\_\_\_ (Year graduated) \_\_\_\_\_

Medical school: \_\_\_\_\_ (Year graduated) \_\_\_\_\_

Location of medical residency: \_\_\_\_\_ (Year graduated) \_\_\_\_\_

What is the nominee's medical specialty? \_\_\_\_\_

How long has the nominee served the community? \_\_\_\_\_

What is the approximate population of the community the nominee serves? \_\_\_\_\_

Briefly describe, on a separate sheet of paper, the geography, population, and economy of the area the nominee serves.

*In no more than three pages*, describe the nominee's dedication to his or her patients and to the community. Include information about hours worked, community service given, etc. **You should submit, in addition, testimonial letters, news clippings, and other materials on the nominee's behalf.** However, nominations will not be returned unless accompanied by a self-addressed, stamped envelope. Please send only one nomination form per nominee.

**Return completed forms by September 5, 2008**

**Return to:**

**Awards Committee, Staff Care, Inc.**

**5001 Statesman Dr., Irving, Texas 75063**

**For more information, call Staff Care, Inc. at**

**800-685-2272**