



2017
Country Doctor of the Year
Nomination Form

Name of Nominee: _____
Address: _____
Phone Number: _____

Your Name: _____
Address: _____
Phone Number: _____
Your Relationship to Nominee (colleague, patient, relative, etc.) _____

Nominee's Educational Background: _____
Undergraduate School: _____
Medical School: _____
Location of Medical Residency: _____

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.

Describe the nominee's dedication to his or her patients and to the community. Include information about hours worked, community service given, etc. **You may 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.

Please return completed forms by **October 30, 2016**.

Return to:
Awards Committee, Staff Care, Inc.
8840 Cypress Waters Blvd. #300
Dallas, TX 75019

For more information, call Staff Care at 800-685-2272
www.staffcare.com