



NEBRASKA ACADEMY OF FAMILY PHYSICIANS

*"promoting, supporting and serving our
members as they strive to improve the
health of all Nebraskans"*

Family Physician of the Year Call for Nominations

The Public Affairs, Marketing, and Publications Committee of the Nebraska Academy of Family Physicians is seeking nominations for the 2019 Nebraska Family Physician of the Year. The purpose is to honor a physician who exemplifies, in the tradition of family medicine, a compassionate commitment to improving the health and well-being of people and communities throughout Nebraska. Nominations may be made by physicians or patients. Candidates must be AAFP and NAFP members in good standing. A winner will be selected by the NAFP Public Affairs Committee based on the following:

- Provides his/her community with compassionate, comprehensive and caring medical service on a continuing basis.
- Is directly and effectively involved in community affairs and activities that enhance the quality of life in his/her home area.
- Provides a credible role model as a healer and human being to his/her community and as a professional in the science and art of medicine to colleagues, other health professionals, and especially to young physicians in training and to medical students.

The award presentation will be made in the fall of 2019 at the State Capitol by the Governor in conjunction with the proclamation for Family Health month. The 2019 Nebraska Family Physician of the Year will also become a nominee for the 2020 AAFP Family Physician of the Year award.

Please send this completed form with a letter(s) of support to Liz Simon Fidone at the NAFP office:

11920 Burt St. Ste. 170 Omaha, NE 68154. Phone: (402) 505-9198, Fax: (402) 505-9281, Email: lsimon@nebrafp.org
Or you may complete an online nomination form at www.nebrafp.org. **Nominations Due by Friday, June 14, 2019.**

***The letter(s) should explore the criteria above along with one characteristic that makes this person stand out among his/her colleagues.**

Nominee Information:

Name: _____ Designation: _____

Practice Location: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nominator Information:

Name: _____ Designation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____