



## **Alberta Family Physician of the Year Award Criteria**

The Alberta Family Physician of the Year Award is presented to a family physician who has been in family practice for a minimum of 15 years, who has also been a member of the College of Family Physicians of Canada for at least 10 years, has demonstrated excellence in family practice, including community medical services, involvement in the College of Family Physicians of Canada and contribution beyond medical practice to the community at large.

Each recipient should represent the four principles of family medicine in his/her practice:

- The family physician is a skilled clinician.
- Family medicine is a community-based discipline.
- The family physician is a resource to a defined practice population.
- The patient-physician relationship is central to the role of the family physician.

Recipients will be expected to meet and interact with community groups throughout the year of the award to talk about the role of the family physician and share the meaning of being a family doctor.

The ACFP's Nominating and Awards Committee will review all nominations. A letter of support along with any additional information/supporting documentation you would like the Nominating and Awards Committee to consider must accompany the nomination form.

### **Requirements for Nomination**

1. Complete & return the nomination form to:  
Alberta College of Family Physicians,  
370, 10403-172 Street  
Edmonton, Alberta T5S 1K9  
or, by fax to (780) 488-2396
2. Attach a letter describing how your nominee meets the Award criteria; include an overview of your nominee's achievements.

### **Optional Requirements for Nomination**

1. Letter(s) of support (colleagues, patients and/or members of the community)
2. Nominee's résumé

For more information, please contact:

Shelley Veats, Manager ACFP  
370. 10403 -172 Street  
Edmonton AB T5S 1K9

Phone: (780) 488-2395  
Fax: (780) 488-2396  
Toll-free: 1-800-361-0607  
Email: shelley.veats@acfp.ca

## Alberta Family Physician of the Year Nomination Form

### Information about the Nominee

<b>Name of Nominee</b>	
Office Address / City / Province / Postal Code:	
Home Address / City / Province / Postal Code:	
Office Phone:	Office Fax:
Home Phone:	Home Fax:
E-mail:	
Signature:	

### Information about the Nominator

<b>Your Name</b>	
Office Address / City / Province / Postal Code:	
Home Address / City / Province / Postal Code:	
Office Phone:	Office Fax:
Home Phone:	Home Fax:
E-mail:	CFPC Membership Number:
Signature:	

### Check and attach those applicable

- Letter attached describing how your nominee meets the Award criteria **Required**
- Letter(s) of support (colleagues, patients and/or members of the community)
- Nominees Resume