# **ACFP Awards Program Nomination Form – ACFP Long-term Service Award**

**The Alberta College of Family Physicians Annual Awards Program recognizes outstanding commitment and dedication of our members. Complete the Nomination Form. Incomplete forms will not be accepted. You may also include letters of testimony from other colleagues and/or patients to support your nomination. Submit the completed nomination to**:

**Alberta College of Family Physicians**

**#370, 10403–172 Street, Edmonton, AB T5S 1K9**

**Email:** **info@acfp.ca**

*Deadline for nominations:* ***April 15, 2018***

**I NOMINATE**:

|  |  |
| --- | --- |
| **Name of Nominee:**  | CFPC Membership # (if known):  |
| Office Address / City / Province / Postal Code: |
| Home Address / City / Province / Postal Code: |
| Office Phone: Office Fax: |
| Home Phone: Home Fax: |
| Email:  |
| **Name of Nominator**: |
| Office Address / City / Province / Postal Code: |
| Home Address / City / Province / Postal Code: |
| Office Phone: Office Fax: |
| Home Phone: Home Fax: |
| Email:  |
| Signature: |

# **ACFP Awards Program: ACFP Long-term Service Award**

**Award Criteria**

1. 🞎 Yes — I confirm that the applicant is a member in good standing.
2. How has the nominee demonstrate outstanding leadership in membership engagement?

*< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >*

1. Describe specific examples how the applicant has demonstrated an above and beyond commitment and dedication to the ACFP, member engagement, services, and programs.

*< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >*

1. Explain why this nominee deserves the ACFP Long-term Service.

 *< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >*

For more information on the Awards program, visit <http://www.acfp.ca/awards/>.
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