

# OHIO ACOFP

Ohio State Society of the American College of Osteopathic Family Physicians

## AWARD NOMINATION FORM

The Ohio ACOFP awards are given annually to recognize family physicians who have shown outstanding accomplishments in personal, scientific, community and professional affairs, especially in service to the osteopathic profession in Ohio. The nominee must be a member in good standing of his/her local, state and national associations. Use one form per nominee. **The deadline for nominations is MARCH 1.**

**I would like to nominate the following physician for** *(check one):*

- Family Physician of the Year Award** – currently in active practice, in practice for at least 10 years
- Distinguished Service Award** – individual who has made lifelong contributions to the osteopathic profession as a family physician, may be retired from active practice
- Young Family Physician of the Year Award** – currently in practice in Ohio for less than 5 years

*Please print legibly.*

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

Your Phone: \_\_\_\_\_ Your E-mail Address: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Why is the nominee deserving of this award?**

Include a brief practice history, honors/awards, community contributions, leadership positions, specific stories, etc. You may attach additional pages or a CV to this form.

---

---

---

---

---

---

---

---

---

---

---

**MAIL, FAX OR E-MAIL THE COMPLETED NOMINATION FORM BY MARCH 1 TO:**

Ohio ACOFP, 53 West Third Avenue, PO Box 8130, Columbus, Ohio 43201

Fax 614-294-0457 • Phone 614-421-2271 • Email [ctatman@ooanet.org](mailto:ctatman@ooanet.org)