



Wyoming Medical Society

2019 PHYSICIAN OF THE YEAR

NOMINATION FORM

Qualifications

Nominee must be a physician licensed to practice in Wyoming, a member in good standing of the Wyoming Medical Society, must not have received this award previously, and must have compiled an outstanding record of community service.

How to Nominate Someone

Please complete the following information as fully as possible. You may instead attach a copy of the nominee's CV (if available) to provide the necessary information. Please be sure to include your comments as to why the nominee deserves to be recognized with this award (see page 2). You may also include letters of recommendation from additional colleagues of the nominee, but this is not required.

Information about Nominee:

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Education – Undergraduate / Medical School / Internship / Residency

Professional Medical Organization Memberships

Civic Organizations/Community Activities

Honors/Awards/Accomplishments

Church Affiliation

Military Service

Spouse/Children

Comments on Candidate

Please tell why you think the nominee should be recognized for outstanding community service

Nomination Submitted By: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Please return this completed form to the WMS office no later than Thursday, February 28, 2019:
P.O. Box 4009 • Cheyenne, WY 82003 • Ph: 307-635-2424 • Fx: 307-632-1973 • E-mail: info@wyomed.org

Feel free to contact the WMS office with any questions or concerns regarding the nomination process.
WMS will honor the award recipient at the [2019 WMS Annual Meeting](#) at the Jackson Lake Lodge during the President's Banquet on Saturday, June 1, 2019.