



## House Call Physician of the Year Award

### Nomination Form

**Nomination Deadline: September 7, 2018**

The **AAHCM House Call Physician of the Year Award** recognizes a home care physician who provides the highest quality of services and innovative programs and who demonstrates excellent and continued dedication to the field of home care medicine. (Must be an AAHCM member)

**Award:** The awardee will receive a one year AAHCM membership and will be recognized at the AAHCM Annual Conference with a personalized plaque. Award winners will be notified in September 2018.

**Eligibility:** Nominees and nominator(s) must be AAHCM members in good standing. Self-nominations are accepted.

Current members of the AAHCM Board of Directors or AAHCM Award Committee are not eligible to be nominated for this award.

**Form Directions:** Use the “Tab” feature to move from field to field and type your information into the shaded field.

#### **Submission Directions**

All nominations must include **a copy of the nominee’s CV** and **3 reference letters** submitted to Val Good-Turney, Executive Administrator at [vgoodturney@aaahcm.org](mailto:vgoodturney@aaahcm.org) by **September 7, 2018** to be considered.

Supporting documentation such as formal commendations, citations or awards, newspaper or magazine articles, or other media-related profiles will be accepted, but shall serve only as evidence to support the nomination, and are NOT required.

An institution may not submit more than two award submissions per awards cycle. National institutions will be defined by state. Should the Awards Committee receive more than two award submissions from the same (state) institution, the burden of submission selection will fall on the submitting institution.

**PART 1**

**Nominator Information**

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ AAHCM Member \_\_\_Yes \_\_\_No

**Nominee Information**

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

Institution: \_\_\_\_\_

Institution  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you are selected, may we notify your employer? \_\_\_Yes \_\_\_No

## **PART 2**

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the AAHCM House Call Physician of the Year Award. For each item, describe in detail how the nominee has:

***Demonstrated accomplishments of comprehensive and impactful care as a home care physician.***

***Demonstrated accomplishments of involvement in community service.***

***Demonstrated accomplishments or involvement on a local, state, or national level.***

***Demonstrated involvement in activities that have advanced the image of home care medicine.***

## **PART 3**

In the space below, please provide any additional information you would like the committee to know about the nominee.

## **PART 4**

In the space below, please provide a proposed citation of 25 words or fewer for the Award Plaque. Example: *“An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.”*

**PART 5**

**Reference #1**

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ AAHCM Member \_\_\_Yes \_\_\_No

**Reference #2**

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ AAHCM Member \_\_\_Yes \_\_\_No

**Reference #3**

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

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ AAHCM Member \_\_\_Yes \_\_\_No



## House Call Physician of the Year Award Reference Letter Guidelines

Please use the following guideline when crafting your letter of reference.

- Demonstrated accomplishments of comprehensive and impactful care as a home care physician.
  - Positively impacted patient resources, patient access and/or patient education.
  - Encouraged collaboration that resulted in improved patient care.
- Demonstrated accomplishments of involvement in community service.
  - Created or promoted public awareness of the value of home care medicine.
  - Served to improve the local community in addition to normal clinical duties.
- Demonstrated accomplishments or involvement locally, in their state, or nationally for home care medicine.
  - Demonstrated leadership in the area of patient advocacy for home care medicine.
- Demonstrated involvement in activities that have furthered the image of home care medicine.
  - Done at personal expense
  - Duration/type of service
  - Rural/remote or inner city settings
  - Patient advocacy

All **reference letters** must be submitted to Val Good-Turney, Executive Administrator at [vgoodturney@aaahcm.org](mailto:vgoodturney@aaahcm.org) by **August 15, 2018** to be considered. Please include the name of the nominee and award for which they are being nominated in the subject of your email.