



## Nomination for an award presented at the House of Delegates\*

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### Nominee

Name:

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address:

Street Address \_\_\_\_\_

City/State:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone:

Daytime Phone \_\_\_\_\_

Birthdate:

Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy) \_\_\_\_\_ City, State and Country (if not USA) \_\_\_\_\_

Medical School:

Graduated: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Board Certification(s): \_\_\_\_\_

Email:

**Nominee is an AMA member:**  **YES**  **NO** (required for some awards)

### Submitted By:

Name (and contact information) of person submitting the nomination

Email address of person submitting the nomination

I nominate the above for the following award\* (choose only 1 per form).

<input type="checkbox"/> Distinguished Service Award	<input type="checkbox"/> Dr. William Beaumont Award in Medicine
<input type="checkbox"/> Citation for Distinguished Service	<input type="checkbox"/> AMA Foundation Award for Health Education
<input type="checkbox"/> AMA Medal of Valor	<input type="checkbox"/> Hays-Bell Award - Medical Ethics and Professionalism
<input type="checkbox"/> Scientific Achievement Award	<input type="checkbox"/> Medical Executive Lifetime Achievement Award
<input type="checkbox"/> Benjamin Rush	<input type="checkbox"/> Medical Executive Meritorious Achievement Award
<input type="checkbox"/> President's Citation - Service to the Public	

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Visit [ama-assn.org/ama/pub/about-ama/awards/about-ama-awards-program.page](http://ama-assn.org/ama/pub/about-ama/awards/about-ama-awards-program.page) for awards information and criteria, including links to information on other AMA awards.

Date received:

## Supporting Information

### 1. Principal Professional Membership and Faculty Appointments (List position held and dates.)

2. Principal Honors:

**3. Sponsor's Narrative Statement**

(Describe nominee's accomplishments and contributions using no more than 1000 words.)

4. Endorsement I (not required)  
(Not more than 250 words.)

**5. Endorsement II (not required)**  
(Not more than 250 words.)

Please email completed form with required documentation by February 17, 2020 to: [hod@ama-assn.org](mailto:hod@ama-assn.org)  
Questions or additional information: please contact Roger Brown, Director, Office of House of Delegates Affairs, at [roger.brown@ama-assn.org](mailto:roger.brown@ama-assn.org) or (312) 464-4344.