

Michael O. Fleming Family Medicine Award 2024 Nomination Form

Date Submitted:		
Nominee's Name:		
Home Address:		
City:	State	
City:	State	Zip
Nominee's Phone: Cell:		
E-mail Address:		
Date of Graduation: Matched FM Residency:	LAFP Student Member?	☐ Yes ☐ No
Member in good standing?	es 🗌 No	
Please describe how the physician e	exhibits the following	criteria:
1) Has shown evidence of active st	udent leadership in fa	mily medicine activities:
2) Has participated in a Family Med medicine activities at the state or		or club, has participated in family
Has shown scholarly accomplish development of a research projection.		
4) Has shown scholarly accomplish	nments in his/her med	ical school courses other than

Please complete form and include with supporting materials.

family medicine:

email to: lalbert@lafp.org

DEADLINE: MARCH 22, 2024