



LOUISIANA ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR LOUISIANA**

## Michael O. Fleming Family Medicine Award 2020 Nomination Form

Date Submitted: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

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

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

Medical School  
Address: \_\_\_\_\_

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

Nominee's Phone: Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Matched FM

Residency:  Yes  No

LAFP Student  
Member?

Yes  No

Member in good standing?  Yes  No

Please describe how the physician exhibits the following criteria:

- 1) Has shown evidence of active student leadership in family medicine activities:
- 2) Has participated in a Family Medicine Interest Group or club, has participated in family medicine activities at the state or national level:
- 3) Has shown scholarly accomplishments in his/her medical school courses by the development of a research project or publication of a scientific paper:
- 4) Has shown scholarly accomplishments in his/her medical school courses other than family medicine:

*Please complete form and include with supporting materials.*

*Send via U.S. mail or email to:*

*Louisiana Academy of Family Physicians  
919 Tara Boulevard  
Baton Rouge, LA 70806  
info@lafp.org*

**DEADLINE: MARCH 31, 2020**