Tulane Family Medicine Excellence 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