



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

## Resident Award of Excellence 2021 Nomination Form

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

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

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

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

Residency  
Program  
Address: \_\_\_\_\_

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

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

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

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

LAFP Resident Member?  Yes  No

Member in good standing?  Yes  No

Please describe how the physician exhibits the following criteria:

- 1) Has shown evidence of active leadership in family medicine activities:
  
- 2) Has participated in family medicine activities at the state or national level:
  
- 3) Has shown scholarly accomplishments in his/her residency by the development of a research project or publication of a scientific paper:

*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, 2021**