

## E. Edward Martin, Jr. Family Medicine Award 2024 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:	_ YesNo	LAFP Student Member?	□ Yes □ No	
Member in good sta	nding? 🗌 Ye	s 🗌 No		
Please describe how	v the physician e	xhibits the following	criteria:	
1) Has shown evide	ence of active stu	ident leadership in fa	mily 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: Lee Ann Albert 919 Tara Boulevard Baton Rouge, LA 70806 Email: Ialbert@Iafp.og DEADLINE: MARCH 22, 2024