

Gerald R. Gehringer Family Medicine Award 2024 Nomination Form

Date Submitted:		
Nominee's Name:		
Home Address:		
Medical School	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? ☐ Ye	es 🗌 No	
Please describe how the physician ex	hibits the following	criteria:
1) Has shown evidence of active stud	dent leadership in fa	mily medicine activities:
2) Has participated in a Family Medic medicine activities at the state or		r club, has participated in family
Has shown scholarly accomplished development of a research project		
4) Has shown scholarly accomplish family medicine:	nents in his/her med	ical school courses other than

Please complete form and include with supporting materials.

via email to: lalbert@lafp.org

DEADLINE: MARCH 22, 2024