



Resident Award of Excellence 2024 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
lalbert@lafp.org*

DEADLINE: MARCH 22, 2024