



## Cover Sheet for 2011-2012 AAPI Awards Nominations

Please include this sheet with your typed or printed nomination materials. Nomination materials must be received by **February 29, 2012** to be considered for an award.

**Your Name as Nominator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Medical School:** \_\_\_\_\_

**Please check which award you are nominating for:**

- Most Distinguished Physician Award
- Most Distinguished Physician Service to AAPI Award
- Most Distinguished Young Physician Award
- Most Distinguished Medical Student/Resident/Fellow Award

**Please include the following attachments:**

1. **Achievement of Nominee:** Please list up to 10 items directly relevant to this award. Describe each item in no more than 60 words. Attach supporting documents, numbered in order, for each of the above items. **Do not substitute a CV for this.**
2. Enclose **three letters of support** or endorsement from nominee's medical staff, office or his/her primary hospital.
3. Enclose nominee's **CV**.

**To be signed by Nominator:** *"I am an active member of AAPI. I acknowledge that the above information is correct to the best of my knowledge."*

\_\_\_\_\_  
Signature of Nominator