

**OREGON ACADEMY OF FAMILY PHYSICIANS
NOMINATION FORM
FAMILY DOCTOR OF THE YEAR
2012**

I WISH TO NOMINATE: _____

My name: _____

The best way to reach me: _____

Relationship to physician: Colleague Patient Friend Other (please explain) _____

Please describe how the physician exhibits the following criteria (Feel free to use extra pages if necessary):

1. Provides his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis:

2. Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community:

3. Provides a credible role model professionally and personally to his/her community, to other health professionals, and residents and medical students:

**Please return this nomination form and any supporting materials by February 6, 2012 to:
Oregon Academy of Family Physicians
809 N. Russell St., #204
Portland, OR 97227**

Questions? Contact Kerry Gonzales at (503) 538-0961 or kg@oafp.org