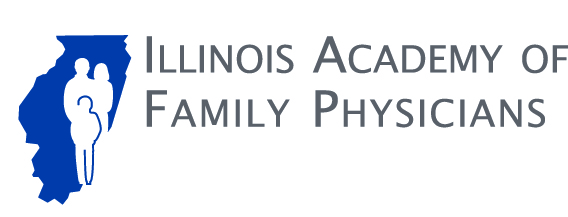
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***WANTED: FAMILY PHYSICIAN OF THE YEAR***

There are over 2,700 active IAFP members out there – doing extraordinary things every day. You know them, and we want to know them. Nominate your family physician or one that you know for our next Illinois Family Physician of the Year.

**The deadline for nominations is June 1, 2016.**

**The Family Physician of the Year Award recognizes a physician who**

* Provides patients with compassionate, comprehensive and caring family medicine
* Is directly involved in community affairs and activities to enhance the quality of the community
* Provides a credible role model professionally and personally to other health professionals, and residents and medical students
* Can effectively represent IAFP and the specialty of family medicine in the public arena
* Exemplifies the family physician’s leadership role improving the health of our state.

## Eligibility Requirements

Each candidate must:

1. Be in active practice.

2. Spend at least 50 percent of his/her time in direct patient care.

3. Be an IAFP member in good standing.

4. Be board certified in family medicine.

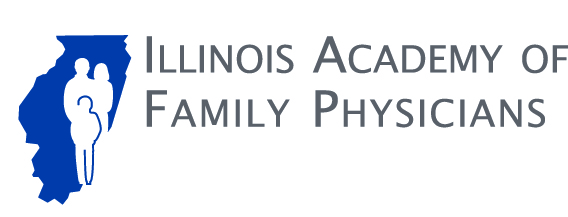
## Limitations

Members of the IAFP Board of Directors, members of the IAFP Public Relations Task Force, and previous recipients of the award are not eligible (list of past winners is on the IAFP web site). *Previous nominees may be nominated again*.

## Nomination and Selection Process

* Any member of the IAFP or the public can submit nominations. Use the nomination form on the back of this flyer. Self-nominations are also accepted.
* The PR Task Force will contact the nominee to determine if he or she agrees to be considered. Nominees will be asked to submit a CV, photo, and letters of support. The individual submitting the nomination will then be asked to provide a letter of support.
* The Task Force will evaluate all candidates and select the top candidate to present to the Board of Directors for final approval.
* IAFP Award recipients will be honored at the IAFP Annual Meeting November 4, 2016.

**Questions?** Contact Ginnie Flynn at 630-427-8004 or [gflynn@iafp.com](mailto:gflynn@iafp.com).



2016 Awards Nomination Form

Family Physician of the Year

I would like to nominate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s practice address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form by June 1, 2016 to:**

**IAFP**  FAX: 630-559-0739 or [gflynn@iafp.com](mailto:gflynn@iafp.com)

Mail: 747 East Boughton Road, Suite 253 Bolingbrook, IL 60440