



arkansas medical society

2013 asklepiion award

nominee

name

title

organization

mailing address

city

st

zip

phone

fax

email

submitted by

name

title

organization

mailing address

city

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zip

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Please respond to the following questions in narrative form. Refer to the award criteria, responding to all that apply.

A. Describe the physician you are nominating. How does the individual embody the following values of the medical profession?

- Leadership and Service
- Excellence
- Integrity and Ethical Behavior

B. How does your nominee enrich patients, colleagues, and their community through dedicated medical practice?

C. Provide a brief biographical summary of your nominee as well as a short narrative describing the nominee's accomplishments and contributions in the area of health care. Please let us know why this person is worthy of this award. **Your nomination cannot be considered without this information.** Limit supplemental materials to 10 items.

Accompanying material can include letters, testimonials, news clippings, pamphlets, etc.

Nominations will not be accepted after March 1, 2013.

Send nominations to:

Arkansas Medical Society
P. O. Box 55088
Little Rock, Arkansas 72215
Telephone: 1-501-224-8967
Fax: 1-501-224-6489
Email: kwaldo@arkmed.org