



Research and
Education
Foundation

Fondation pour
la recherche et
l'éducation



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

Family Physician of the Year

Nomination Form 2011

NOMINEE:	CFPC MEMBERSHIP #:
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Has your nominee been informed of this nomination: YES NO

ADDRESS:

CITY:	PROV:	POSTAL CODE:
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TEL # daytime:	EMAIL:
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NOMINATOR:	CFPC MEMBERSHIP #:
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ADDRESS:

CITY:	PROV:	POSTAL CODE:
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TEL # daytime:	EMAIL:
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EACH SECTION MUST BE COMPLETED.

All information may be attached to this form or may be submitted electronically

1. **Reasons for nomination.**
2. **Please enclose a brief summary, biography or résumé about your candidate.**
3. **Please provide evidence of your candidate's outstanding commitment to his/her practice and community in the form of descriptive materials, testimonials, and/or other documentation.**
4. **Letters of support from colleagues and the public may be included.**

This nomination form must be forwarded to the Chapter office of your nominee for the selection of the provincial Family Physician of the Year Award, and will be used for selecting **Canada's Family Physicians of the Year - Reg L. Perkin Awards**. Please see www.cfpc.ca for Chapter contacts.