

# Nomination Form

## Physician of the Year Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 17**.

### 1. About the Award

Nominee:

- **MUST BE** a practicing physician in good standing in the state of Hawaii.
- Must be affiliated with an HAH member organization.

Criteria:

1. Consistently excels in the promotion and utilization of the continuum of care.
2. Participates in the provision of care as an active member of the healthcare team.
3. Works toward improving the quality of healthcare in the community.
4. Is dedicated to sound public policy aimed at improving or enhancing healthcare delivery in Hawaii.

### 2. Nominee Information

Name:

Position held:

Agency/Organization:

Mailing address:

City: , Hawaii Zip Code:

Phone:  Email:

### 3. Your Information

Your name:

Agency/Organization:

Phone:  Email:

Continue on the back >>

#### 4. Description of Accomplishments

Please check the box if your nominee's primary role is as a practicing physician and that the nominee is in good standing in the state of Hawaii. If not, then your nominee should be in another category.

Please check the box if your nominee has been a practicing physician in the healthcare industry for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:

Jamie Velasco at [communications@hah.org](mailto:communications@hah.org)

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