



IAPA Awards Nomination Form

Nomination deadline is February 17, 2012

Check the appropriate category:

- I would like to nominate a PA for PA of the Year *(check if self-nomination ___*)*
- I would like to nominate a PA for Humanitarian PA of the Year *(check if self-nomination ___*)*
- I would like to nominate a Physician/PA team for the Physician/PA Partnership Award *(check if self-nomination ___*)*
- I would like to nominate a PA for Newcomer of the Year *(check if self-nomination ___*)*

*A letter of recommendation from a colleague, coworker or patient is required if self-nomination.

Please attach a CV of all nominees with your application.

Name of Candidate(s): _____
 Office/Practice Name: _____
 Phone & Email address: _____

- | | | | |
|---|-----------|----------|--------------|
| Is Candidate a resident of Idaho? | Yes _____ | No _____ | Unsure _____ |
| Is Candidate practicing in Idaho? | Yes _____ | No _____ | Unsure _____ |
| Is Candidate a member of IAPA? | Yes _____ | No _____ | Unsure _____ |
| Is Candidate a member of AAPA? | Yes _____ | No _____ | Unsure _____ |
| Is Candidate employed by Federal Govt? | Yes _____ | No _____ | Unsure _____ |
| Is Candidate employed at an Idaho university? | Yes _____ | No _____ | Unsure _____ |
| Does Candidate hold any office within IAPA? | Yes _____ | No _____ | Unsure _____ |

Please describe why the candidate(s) should receive this award.* *(Feel free to attach extra pages.)*

**Please review the IAPA Awards Criteria and Nomination Information sheet and tailor your response to the award for which you are nominating a candidate. For example, for Humanitarian PA of the Year, please describe what distinguishes the candidate's work as humanitarian work.*

Name of person filling out form: _____
 Phone number & email address: _____
 Today's date: _____

Mail completed form to: IAPA Nominations, P.O. Box 1127, Boise, ID 83701
 Or fax to: 208-344-7903
 Or email to: molly@idahopa.org