



2007
Country Doctor of The Year
Nomination Form

Name of nominee: _____

Address: _____

Phone Number: _____

Your Name: _____

Address: _____

Phone Number: _____

Your relationship to this nominee (colleague, patient, relative, etc.) _____

Nominee's educational background: _____

Undergraduate school: _____ (Year graduated) _____

Medical school: _____ (Year graduated) _____

Location of medical residency: _____ (Year graduated) _____

What is the nominee's medical specialty? _____

How long has the nominee served the community? _____

What is the approximate population of the community the nominee serves? _____

Briefly describe, on a separate sheet of paper, the geography, population, and economy of the area the nominee serves.

In no more than three pages, describe the nominee's dedication to his or her patients and to the community. Include information about hours worked, community service given, etc. **You should submit, in addition, testimonial letters, news clippings, and other materials on the nominee's behalf.** However, nominations will not be returned unless accompanied by a self-addressed, stamped envelope. Please send only one nomination form per nominee.

Return completed forms by September 5, 2007

Return to:

Awards Committee, Staff Care, Inc.

5001 Statesman Dr., Irving, Texas 75063

For more information, call Staff Care, Inc. at

800-685-2272