



2010 Country Doctor of the Year Nomination Form

Name of Nominee: _____
Address: _____
Phone Number: _____

Your Name: _____
Address: _____
Phone Number: _____
Your Relationship to 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 October 15, 2010.

Return to:
**Awards Committee, Staff Care, Inc.
5001 Statesman Dr.
Irving, Texas 75063**

For more information, call Staff Care at 800-685-2272.