



COPIC/MMA Foundation Humanitarian Award Nomination Form

The COPIC/MMA Foundation Humanitarian Award (formerly the MMA Foundation Physician Volunteerism Award) is presented each year to honor a physician for volunteer medical services and contributions to their community. We specifically look to recognize MMA members who go above and beyond to help address the health care needs of underserved populations in Minnesota.

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NOWINEE INFORMATION (please print clearly)	SODWITTED DT
Name:	Your Name:
Address:	Organization:
City, State, Zip:	Title:
Phone:	Your Address:
Email:	City, State, Zip:
Specialty:	Phone:
Years in practice in Minnesota:	Email:
Nominees must be members of Minnesota Medical Association.	If your nominee is not selected, may we let him/her know of your nomination? Yes No

NOMINATION DESCRIPTION

To help ensure that all candidates can be given equal consideration, we strongly recommend that you answer the following questions as they relate to the nominee's contributions to Minnesota's health care community. Please limit narrative to no more than 2 pages. You will strengthen your nomination by following these instructions.

- 1. List and describe nominee's specific volunteer activities (where, what, when, how often, etc.)
- 2. How do the nominee's volunteer activities specifically impact his/her community?
- 3. Why do you feel this individual deserves to be recognized?

SUBMISSION OF NOMINATION FORM

We prefer that you email your scanned nomination form and supporting narrative to KGloege@mnmed.org. Alternatively, the mailing address is:

Kristen Gloege Minnesota Medical Association Foundation 3433 Broadway Street NE, Suite 187 Minneapolis, MN 55413

We may contact you for additional information if necessary. You will receive confirmation once your nomination form has been received.

Questions? Contact Kristen Gloege at (612) 362-3742 or Laura Wadleigh at (800) 421-1834 ext. 6077 or lwadleigh@copic.com.