

**SCAFP FAMILY PHYSICIAN OF THE YEAR
2027 NOMINATION FORM**

Nominated by:

Name: _____

Address: _____

Email: _____

Nominee Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nominee's Residency Program: _____

Board Certified: ☐ Yes ☐ NO Number of years in practice: _____

Practice Type: ☐ Solo ☐ FP Group ☐ Multi-specialty group ☐ HMO ☐ Other: _____

Is the member's practice recognized as a patient-centered medical home? ☐ Yes ☐ NO

If Yes, by which entity? _____

Answer each question on a separate sheet in order, describing how the nominee meets the following criteria:

- 1) Provides his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis.
- 2) Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community.
- 3) Acts as a credible role model professionally and personally to his/her community, to other health professionals, and residents and medical students.
- 4) Can effectively represent the specialty of family medicine and the Academy in public speaking.
- 5) What one characteristic makes this person stand out among his/her colleagues?

**** Nominations are only accepted from Active SCAFP members; nominee must be an Active SCAFP member not planning to retire within three years.**

Send complete form and supporting materials to:
SC Academy of Family Physicians
PO Box 312, Laurens, SC 29360
Email: pturner@scafp.org or Fax: 864.984.5666