

Manitoba College of Family Physicians (MCFP) Family Physician of the Year Award Form

For more information on eligibility and selection, please refer to the Family Physician of the Year Award criteria.

Details
Nominee Details:
Nominee Full Name: Nominee's Email Address: Nominee's Phone Number: Position: Site Nominee at:
Self-Nomination: Yes <input type="checkbox"/> No <input type="checkbox"/>
Nominator Details: <i>Please complete this section if it is not a self-nomination</i>
Disclosure – Conflict of Interest pertaining to Nomination Nominator Full Name: Nominator's Email Address: Nominator's Phone Number: Why are you nominating this individual? Describe how the nominee meets the award criteria:

Application Package: The following are considered as part of the candidate's application submission
Nominee Details:
<input type="checkbox"/> This Completed Nomination Form <i>Required</i> <input type="checkbox"/> Attach current curriculum vitae or complete an abbreviated curriculum vitae (CV) <input type="checkbox"/> Two letters of support <input type="checkbox"/> Additional material documenting evidence of excellence
<p>The candidate's application package must be submitted to info@mcfp.mb.ca by January 30, 2024.</p> <ul style="list-style-type: none"> December 8, 2023: Submissions open January 30, 2024: Application submission deadline Announcement at MCFP Annual Member Meeting April 19, 2024 <p>Announcements of award recipients are made first in confidence to the recipient prior to April 2024, and then publicly at a later date.</p> <p>Note: recipients will be recognized during the Celebration of Family Medicine, the MCFP website, social media, in the MCFP newsletter, annual report, and possibly other promotional materials.</p>
Submission Declaration: I confirm the above information is correct and submitted to the best of my knowledge <input type="checkbox"/> Date form submitted: Electronic Signature: