



OHIO ACADEMY OF
FAMILY PHYSICIANS

Friend of Family Medicine Award Nomination Form

Nominee's Contact Information:

Name of Nominee: _____

Title: _____

E-mail Address (if known): _____

Name of Affiliated Governmental Body / Publication / Station: _____

Address of Nominee: _____

Phone Number: (_____) _____ - _____

Your Contact Information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

E-mail Address: _____

Are you a member of OAFP? Yes No

Please return this completed nomination form with any corresponding articles, broadcasts (date and title of story that aired is sufficient) or other examples of work that exhibit the nominee's support of family medicine to:

OAFP Awards Selection Committee
Ohio Academy of Family Physicians
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Voice: (800) 742-7327
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