

## Tulane Family Medicine Excellence Award 2024 Nomination Form

Dat	e Submitted:			
Nor	minee's Name:			
Hor	me Address:			
	y: dical School dress:		State	Zip
City	<b>y</b> :		State	Zip
Nominee's Phone: Cell:				
E-mail Address:				
Mat	e of Graduation: tched FM sidency:	_ □ Yes □ No	LAFP Student Member?	☐ Yes ☐ No
Member in good standing? ☐ Yes ☐ No				
Please describe how the physician exhibits the following criteria:				
1)	Has shown evidence of active student leadership in family medicine activities:			
	Has participated in a Family Medicine Interest Group or club, has participated in family medicine activities at the state or national level:			
•	Has shown scholarly accomplishments in his/her medical school courses by the development of a research project or publication of a scientific paper:			
•	Has shown scholarly accomplishments in his/her medical school courses other than family medicine:			

Please complete form and include with supporting materials.

email to: <a href="mailto:lalbert@lafp.org">lalbert@lafp.org</a>

DEADLINE: MARCH 22, 2024