LOUISIANA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR LOUISIANA

Please complete form and include with supporting materials. Send via U.S. mail or email to:

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919 Tara Boulevard
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rleblanc@lafp.org

DEADLINE: March 21, 2025

Family Physician of the Year 2025 Nomination Form

Date Submitted: _____

Physician's Name: _____

Physician's Birthday: _____

Home Address: _____

City: _____ **State** _____ **Zip** _____

Office Address: _____

City: _____ **State** _____ **Zip** _____

Physician's Phone: **Home**: _____ **Office:** _____ **Fax:** _____

E-mail Address: _____

Physician's Residency Program: _____

Board Certified: ☐ **Yes** ☐ **No** **LAFP Member?** ☐ **Yes** ☐ **No**

Member in good standing? ☐ **Yes** ☐ **No**

Total 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? _____

Please describe how the physician exhibits 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) **What one characteristic makes this person stand out among his/her colleagues?**