CAFP 2015 Family Physician of the Year Nomination Form

Nominations are now open for CAFP’s 2015 Family Physician of the Year. This family physician represents the very best of our specialty a physician involved in all aspects of patient care, community affairs, advocacy, and education. Please use this packet to nominate your candidate for Family Physician of the Year.

Return the complete packet – in an electronic version, with a photo, by January 21, 2015, to: Shelly Rodrigues, CAFP, srodrigues@familydocs.org

Questions: Contact Shelly Rodrigues, 415-345-8667

Packet Requirements:
- Nomination Form
- Official Letter of Nomination
- Nominee’s Current CV, Bio and Photo
- Supporting Documents (No more than 5)

Past CAFP Family Physicians of the Year

1985 Charles Pruess, MD  
1986 Frank Norman, MD  
1987-88 Ron Smith, MD  
1989 Joseph Scherger, MD, MPH  
1990 Janet Armour, MD  
1991 Marcia Sablan, MD  
1992 Antonio Velasco, MD  
1993 Thomas Nesbitt, MD, MPH  
1994 Dana Ware, MD  
1995 Todd Coté, MD  
1996 Patricia Samuelson, MD  
1997 Daniel Takeda, MD  
1998 Richard Gibbs, MD and Patricia Hellman Gibbs, MD  
1999 Harry Walker Depew, MD  
2000 Daniel Castro, MD  
2001 Elizabeth Morrison, MD  
2002 Albert Ray, MD  
2003 Timothy Nicely, MD  
2004 Korey Jorgenson, MD  
2005 Robert Werra, MD  
2006 Samuel LeBaron, MD  
2007 Ada Marín, MD  
2008 Condessa Curley, MD  
2009 Alan Glaseroff, MD  
2010 Eric Ramos, MD  
2011 Peter Broderick, MD  
2012 Bo Greaves, MD  
2013 Michelle Quiogue, MD  
2014 Carla Kakutani, MD
CAFP 2015 Family Physician of the Year

Deadline for submission for nomination and supporting materials is January 21, 2015. The award will be presented at the CAFP’s Family Medicine Clinical Forum April 25-26, 2015.

Nominee’s Name: ____________________________________________________________
Office Address: ______________________________________________________________
City/Zip: _____________________________________________________________________
Office Phone: _________________________________________________________________
Email: ______________________________________________________________________
Home Address: __________________________________________________________________
City/Zip: _____________________________________________________________________
Home Phone: Preferred address: ☐ Office ☐ Home

EDUCATION:
Medical School/Date of graduation: ______________________________________________
Residency program/date of graduation: ___________________________________________
Board Certified: ☐ Yes ☐ No Date certified/recertified: ______________________________
Certificates of Added Qualification: _____________________________________________

PRACTICE INFORMATION:

Practice Setting (Indicate years in each setting):
☐ Solo ☐ FP Group ☐ HMO
☐ Academic ☐ Community clinic ☐ Administration
☐ Multispecialty group ☐ Military ☐ Other (specify)
Total years in practice: Current practice setting: __________________________________

Practice scope includes:
☐ General ☐ OB/GYN ☐ Geriatrics ☐ Surgery ☐ Pediatrics
☐ Sports medicine ☐ Psych/Neurology ☐ Other (specify)

Other areas of professional interest:

Current academic affiliations:
CAFP PARTICIPATION:
(Please list all that apply/Use a separate sheet if preferred.)
Member Since: _____________________
☐ Committees:
☐ Elected Offices:
☐ Faculty:
☐ Media Spokesperson:
☐ Key Contact:
☐ Congress of Delegates:
☐ Other:

Please describe how the nominee exhibits the following:
1. Provides his/her patients with compassionate and comprehensive care on a continuing basis.

2. Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community.

3. Is a credible role model professional and personally to his/her community, other health care professional, residents and students.

4. Is an effective representative for the specialty of family medicine.

5. Final words: What one characteristic makes this nominee stand out among all others?