



**SONOMA COUNTY
MEDICAL ASSOCIATION**

2019 ANNUAL SCMA CONTRIBUTION AWARDS CALL FOR NOMINATIONS

Good leaders influence and motivate others.

They have the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. Do you know individual colleagues who demonstrate excellence and a strong commitment to improving our community?

SCMA is seeking nominations for the **2019 awards**, which honor individuals who have demonstrated exemplary service. The awards reflect a significant tribute of respect, recognition and appreciation from SCMA member physicians. Awards may also be given to nonphysicians and practice managers who have made significant contributions to the advancement of medical science, medical education or medical care. The awards are as follows:

#1 Outstanding Contribution to the Community and/or Local Medicine

Presented to an SCMA member physician whose work has benefited the community or improved local medical care.

#2 Outstanding Contribution to SCMA

Presented to an SCMA member physician who has served the medical association beyond the call of duty.

#3 Recognition of Achievement

Presented to an SCMA member physician or a nonphysician who has helped advance local medicine.

#4 Practice Manager of the Year

Presented to an SCMA member physician's practice manager who has provided exemplary support to staff and patients.

Physician candidates must be SCMA members and may be nominated for more than one award. If you are unsure if the physician you are nominating is a member, please submit your nomination and SCMA staff will confirm. *You do not have to be an SCMA member to nominate a colleague for an award.*

Nominations are due by **Thursday, Oct. 31**. For more information, call **707-525-4375** or email exec@scma.org.

Self-nominations are encouraged and accepted!



SCMA 2019 ANNUAL AWARDS NOMINATION FORM

Awards will be presented at the annual Gala dinner — Friday, Jan. 24, 2020, at Santa Rosa Golf & Country Club.

TO: SCMA 2019 Awards Committee

FROM _____ PHONE _____
(Name required)

NOMINEE _____ AWARD _____

For more than one nomination, submit separate forms for each. Please provide supporting information, including accomplishments and contributions that will help the Awards Committee evaluate your nominee.

Nominations must be received at SCMA by 5 p.m. on **Thursday, Oct. 31**. Submit via any of the following methods:

Email to scma@scma.org | Fax to 707-525-4328
Mail to SCMA, 2312 Bethards Dr. #6, Santa Rosa, CA 95405