



# Illinois Osteopathic Medical Society

142 East Ontario Street, #1023 Chicago, IL 60611-2864 800-621-1773 ext 8174  
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## IOMS PHYSICIAN OF THE YEAR

The Illinois Osteopathic Medical Society requests nominations for its prestigious Physician of the Year award. IOMS members in good standing may nominate one or more qualified persons for membership. Nominations must include a copy of the nominee's curriculum vitae, and other background information may also be submitted. Potential candidates will be selected based on: 1) Nominee's history of maintaining high professional and ethical standards for the osteopathic profession in the State of Illinois, and 2) Nominee's contributions to the professional community and the community at large. Awards are presented at the IOMS Winter Scientific Seminar, and winner is expected to be present to accept. **Nominee must be an IOMS member in good standing. Nominations close September 30<sup>th</sup> of each year.**

### IOMS PHYSICIAN OF THE YEAR NOMINATION FORM

(Please print legibly)

NOMINEE: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Married  Single

Hospital or Clinic Affiliations: \_\_\_\_\_

Specialty if applicable (ex. FP, EM, OMT, etc.): \_\_\_\_\_

Reason for nominating this Physician (you may attach up to three additional sheet(s) if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

*I hereby attest that I am an IOMS member in good standing and nominate the above candidate for IOMS Physician of the Year:*

\_\_\_\_\_  
Signature of Member submitting nomination Date

Please fill out the form and send (with Nominee's curriculum vitae & any additional information) to:

Illinois Osteopathic Medical Society, 142 East Ontario Street, Chicago, IL 60611-2854

Fax: (312) 202-8224 E-mail: [IOMS@IOMS.org](mailto:IOMS@IOMS.org)