

Awards Nomination Form

Nominator: _____

E-mail: _____

Phone: _____

I nominate: _____

For the following award:

- ☐ **Podiatrist of the Year** Recognizes outstanding accomplishments on the divisional level in scientific, professional, or civic endeavors. No incumbent of/or candidate for an elective office in NYSPMA shall be eligible during his/her term of office.
- ☐ **Excellence in Action** Nominees will be evaluated for specific actions and/or a body of work dedicated to the profession and NYSPMA on the local, state, and/or regional level in scientific, professional, or civic endeavors. No incumbent of, or candidate for an elective office in NYSPMA shall be eligible during his/her term of office.
- ☐ **Lifetime Achievement Award** Nominees should display both dedication to the profession and NYSPMA over an extended period of time. It should be for recognition of outstanding accomplishments on the state level in scientific, professional, or civic endeavors. No incumbent of/or candidate for an elective office in NYSPMA shall be eligible during his/her term of office. An individual may only receive one Lifetime Achievement Award in his/her lifetime
- ☐ **Special Achievement Award** Nominations may be a non-DPM individual or organization that has demonstrated truly special efforts relating to podiatric medicine, which have long-lasting and meaningful effects on the public and a definable positive impact on podiatric medicine.
- ☐ **Podiatric Assistant of the Year Award** Nominees must be active employees of an NYSPMA member in good standing. Nominees will have displayed dedication to the profession and NYSPMA during the year in review and/or recognition for acts of service culminating in the review year. The employer/member will also be recognized with the award recipient.

Briefly explain why you are nominating this individual: _____

Please fax to Nora Saari at 646-672-9344