

## CLINICIAN OF THE YEAR AWARD NOMINATION FORM

*The Clinician of the Year Award is established to recognize the many contributions of Mid-Atlantic practitioners to the delivery of quality healthcare to long-term care residents, as well as the importance of the clinician to our healthcare delivery system. Through these clinicians' efforts, the application of medical advances is integrated into the practice of long-term and post-acute care medicine, resulting in improved well-being and quality of life for those served.*

### HOW TO NOMINATE A CANDIDATE

MMDA welcomes the nomination of exemplary Mid-Atlantic practitioners whose primary focus is the delivery of medical care in a long-term care facility or post-acute care settings, such as a skilled nursing or assisted living facility. Nominees may have part-time clinical appointments at academic university settings, but the majority of their activities should be in the delivery of patient care or in the education of those who perform such delivery of patient care. Nominees may be physicians, advanced practice nurses, or physician assistants practicing in this area of healthcare. Membership in MMDA is not required.

### CRITERIA

We seek to honor practitioners who display: 1) Clinical excellence in post-acute and long-term care; 2) professional competence through continuing medical education; 3) availability and accessibility to patients, families, and healthcare settings; 4) clear and careful communications with long-term care residents, post-acute inpatients, their families and facility staff; and 5) awareness of the ethical and social issues inherent in the practice of this field of medicine.

### NOMINATION PROCESS - Each Nomination will be Reviewed by a Selection Committee.

Nominations should consist of: (Please check off each box below and attach the documents to this form. Use a separate form for each nominee.)

☐ A Letter of Nomination      ☐ One Additional Letter of Support from a Colleague(s)      ☐ Nominee's Curriculum Vitae

*\*\*Please note, the nomination letter should specifically address how the individual's accomplishments relate to the purpose of the Clinician of the Year Award and how the individual meets the eligibility criteria. Also, the letter of nomination should include any necessary background information that qualifies the nominee for the award. The letter should specifically address the nominee's role in the delivery of patient care or the education of those who perform such delivery of patient care.\*\**

### NOMINEE

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### NOMINATOR

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_