

COMMUNITY SERVICE AWARD

Nominations accepted on a rolling basis throughout the year.

The Tennessee Medical Association (TMA) periodically recognizes persons or organizations outside the medical profession who contribute significantly to the advancement of public health in their respective communities with a Community Service Award.

General Guidelines

- The award will be given to a person or organization outside the medical profession (non-MDs or DOs) to recognize their efforts to contribute to the advancement of public health within the community.
- TMA will not solicit nominees nor publicize the award nomination process outside TMA and its component societies. The award is intended to give physicians the opportunity to recognize the work of others and their positive impact on the health of a community.
- Nominations may include, but shall not be limited to, individuals, volunteer health organizations, institutions, corporations, nonprofit organizations, political figures, news media and allied health professionals.
- The TMA Community Service Award will be given whenever the TMA Board of Trustees determines it is deserved. No more than three (3) awards will be given in any one year.

Nomination Guidelines

1. Nominations for a TMA Community Service Award may be submitted by an individual TMA member or a component medical society, TMA Committee, or TMA Board.
2. Nominations are accepted throughout the year. The TMA CEO will review the nominations and place nomination(s) on the agenda for the next board meeting.
3. No physician will be eligible for this award.
4. The TMA Board of Trustees will recognize award winners during a quarterly TMA Board meeting.
5. TMA will reimburse travel expenses incurred by the award recipient according to Board policy.

The checklist (on the following page) will assist you in your nomination process. Include the completed form with your formal nomination. Please be advised that TMA **will not** consider nominees without a complete submission.

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Nomination Checklist

This form **must** accompany each nomination.

- ☐ Letter of Nomination including detailed description of the nominee's specific contributions to the improvement or advancement of health in the community
- ☐ Digital Photo of Nominee and/or a Company Logo (250 DPI minimum – .jpeg or .png only)
- ☐ Biographical Data or Corporate Profile and Mission Statement
- ☐ Other (supporting information such as newspaper articles, letters of recommendation, etc.)

Submit all nominations and forms to amy.campoli@tnmed.org. If you have any questions, please contact Amy at 615.460.1650.

Name of Nominee: _____

Society Name: _____

Contact Person: _____

Phone: _____

E-mail Address: _____

Date Submitted: _____