

Association of Physician Assistants in Cardiology  
**MEMBER AWARD NOMINATION**

**NOMINEE'S INFORMATION**

|                       |                             |                  |
|-----------------------|-----------------------------|------------------|
| <b>Name:</b>          |                             |                  |
| <b>Phone:</b>         | <b>Email:</b>               |                  |
| <b>Home address:</b>  |                             |                  |
| <b>City:</b>          | <b>State:</b>               | <b>ZIP Code:</b> |
| <b>Years as a PA:</b> | <b>Years in Cardiology:</b> |                  |

**EMPLOYMENT INFORMATION**

|                                      |               |                        |
|--------------------------------------|---------------|------------------------|
| <b>Current employer (or school):</b> |               |                        |
| <b>Employer address:</b>             |               | <b>Years employed:</b> |
| <b>City:</b>                         | <b>State:</b> | <b>ZIP Code:</b>       |
| <b>Phone:</b>                        | <b>Fax:</b>   |                        |
| <b>Position:</b>                     |               |                        |
| <b>Specialty (if applicable):</b>    |               |                        |
| <b>Supervising physician:</b>        |               |                        |

**NOMINATOR (IF DIFFERENT FROM NOMINEE)**

|                                 |               |                  |
|---------------------------------|---------------|------------------|
| <b>Name:</b>                    |               |                  |
| <b>Phone:</b>                   | <b>Email:</b> |                  |
| <b>Address:</b>                 |               |                  |
| <b>City:</b>                    | <b>State:</b> | <b>ZIP Code:</b> |
| <b>Relationship to nominee:</b> |               |                  |

**APPLICATION INFORMATION CONTINUED**

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|---|
| <b>Name of award for nomination:</b>  |
| <b>Brief description of why the nominee should be considered for the award:</b> |
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| <b>Supporting achievements or information that should be considered for the award determination:</b> |
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**ATTESTATION**

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| I assert that to the best of my knowledge the above information is accurate: |              |
| <b>Signature of submitting person:</b>                                       | <b>Date:</b> |