



2016

RPAP Rural Physician Award of Distinction Nomination Form

The RPAP Award of Distinction was created in 2002 to recognize the contributions of all rural physicians, especially those ‘unsung heroes’ who provide Alberta rural communities with outstanding medical services and who also make huge contributions to medical practice and their communities.

Deadline: Nominations will be accepted up to 4:30 p.m. on

June 1, 2016

Name of Nominee:	
Office Address / City / Province / Postal Code:	
Home Address / City / Province / Postal Code:	
Office Phone:	Office Fax:
Home Phone:	Home Fax:
Email:	

Name of Lead Nominator:	
Office Address / City / Province / Postal Code:	
Home Address / City / Province / Postal Code:	
Office Phone:	Office Fax:
Home Phone:	Home Fax:
Email:	
Signature:	

Step One - Eligibility Criteria

Please note - For the purpose of this Award, “rural Alberta” is defined as Alberta communities except:

- Airdrie
- Calgary
- Devon
- Edmonton
- Fort McMurray
- Grande Prairie
- Leduc
- Lethbridge
- Medicine Hat
- Red Deer
- Sherwood Park
- Spruce Grove
- St. Albert
- Stony Plain

To be eligible for an RPAP Rural Physician Award of Distinction, the nominee must meet *all* of the following criteria:

- Yes- I confirm the nominee presently lives and work in a rural Alberta community and as done so for more than **twelve years**

Step Two - Tell Us about Your Nominee

1. Please describe in detail how the nominee had improved your community. Please include details about the individual’s achievements, including details about when and where the achievements occurred. Enclose any information you need to tell your nominee’s story including: personal anecdotes, testimonials and narratives. We recommend you obtain supporting documentation from nominees if available.

< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >

2. How have the nominee's superior contributions and commitments through medical practice, teaching, research and/or community service made a difference to your community?

< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >

3. What are some of the obstacles the nominee has had to overcome to achieve their contributions?

< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >

4. What are some of the nominee's personal characteristics that have made their achievements possible?

< Type in this box or attach response on a separate sheet of paper. Please provide an example (suggested response 50-200 words) >



Step Three - Letter of Agreement

Please note: All nominees are required to sign the following release enabling RPAP to provide the media with their name.

I **ALLOW** RPAP | Health Workforce for Alberta (RPAP), and its representatives, to use, reproduce, publish, transmit, distribute, broadcast and display any photograph and/or video and/or audio recording that contains my image and/or voice along with my name in any RPAP publication, multimedia production, video, CD-ROM, DVD, display, advertisement and/or on any of the corporate websites or other social media web sites without further notice or my approval of finished photographs and/or video and/or audio recordings.

I release RPAP | Health Workforce for Alberta (RPAP), Alberta Health, and their contractors, agents, successors, assigns and licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness, including rights to any written copy that may be created in connection with video production, editing and promotion therewith. I also agree to participate in the Award event; and in the media coverage generated around it.

I have read through the foregoing and fully understand the contents hereof. I am of legal age, or I am the parent or guardian of the above named minor, and hereby give consent on behalf of the said minor. This consent shall be binding upon my heirs, successors, legal representatives and assigns.

Printed name of participant

Signature of participant

Witness

Address

City / Province/ Postal Code

Signature of parent/guardian of participant
(If participant is under 18 years old)

Date

The personal information requested on this form is collected for the purpose of program administration and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact:

Executive Director, RPAP | Health Workforce for Alberta
2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3
Phone: 780-423-9911 Fax: 780-423-9917

Step Four – Supporting Documentation

Along with your nomination form, please enclose the following:

Resume

Please attach a copy of the nominee's resume to provide judges with basic biographical information.



A minimum of two (2) Letters of Support

To be eligible for consideration, evidence of community support is required as demonstrated through two letters of support:

- One letter from another individual
- One from a community organization

These letters should make reference to the current year's RPAP Rural Physician Award of Distinction Program, mention your nominee by name, provide brief information on the impact of your nominee's achievements, and indicate your nominee's professionalism and commitment to rural medicine.



Promotional Photograph

A head and shoulders photograph of your nominee is required for RPAP promotional purposes.

Submit Your Nomination

Mail or email your completed nomination package by the aforementioned deadline to:

RPAP | Health Workforce for Alberta

Award of Distinction Selection Committee

2801 Telus House, 10020 – 100 Street NW

Edmonton, AB T5J 0N3

[Email: info@rpap.ab.ca](mailto:info@rpap.ab.ca)



Step Five - Plan to Honour Your Nominee

If your nominee is chosen by the RPAP Award of Distinction Selection Committee, RPAP will work with designated community members to honour the successful recipient.

The celebration of the successful recipient will include:

- The production of a video profiling the successful recipient. Videos profiling previous year's recipients can be viewed online at: <http://www.rpap.ab.ca/physician-award>
- Recognition of the successful recipient will occur at a future RPAP event. The recognition video and the RPAP Rural Physician Award of Distinction will be presented at this time.

If your nominee is not selected, we encourage you to work with your local community to find other ways to recognize your physician's contributions.

Questions?

For questions about the nomination package, or the RPAP Awards program, please contact the Senior Communications and Marketing Consultant at communications@rpap.ab.ca; or call toll-free at 1-866-423-9911.

How did you find out about the RPAP Awards?

Please indicate below how you heard about the RPAP Alberta Rural Physician Award of Distinction. Please check all which apply. Your feedback will help RPAP plan future awards campaigns.

- RPAP Community Recruitment Consultant or other RPAP representative
- RPAP Publication (Website / RPAP Review e-newsletter / social media)
- Advertisement (Newspaper / Radio)
- Story in media (Newspaper / television / radio / online, etc.)
- Other (Please specify): _____