



## 2015 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 **May 31, 2015.**

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

<b>Name of Lead Nominator:</b>	
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

**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

Yes – I can demonstrate the nominee has exhibited superior commitment and contribution to the community through medical practice, teaching, research and/or community service.

For the purpose of this Award, “rural Alberta” is defined as Alberta communities except: Edmonton, St. Albert, Sherwood Park, Stony Plain, Spruce Grove, Devon, Leduc, Calgary, Airdrie, Fort McMurray, Grande Prairie, Red Deer, Medicine Hat and Lethbridge.

### 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** The Alberta Rural Physician Action Plan or 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 Alberta Rural Physician Action Plan 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 The Alberta Rural Physician Action Plan, Alberta Health and Wellness 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.

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.

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Printed name of participant

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Signature of participant

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Witness

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Address

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City / Province/ Postal Code

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

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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, The Alberta Rural Physician Action Plan, 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 and 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.

### **Black and White Photograph (Optional)**

As part of the Award program, RPAP publishes a newsletter with information on the award recipient. A head and shoulders photograph of your nominee would be appreciated.

## Step 4 Submit Your Nomination

Mail or email your completed nomination package to:

### **The Alberta Rural Physician Action Plan**

Award of Distinction Committee  
2801 Telus House, 10020 – 100 Street NW  
Edmonton, AB T5J 0N3

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

## Step 5 - Plan To Honour Your Nominee

If your nominee is selected as the Award recipient, work with RPAP to plan and co-sponsor an award celebration event in your community. If your nominee is not selected, work with your local community to find other ways to recognize your physician's contributions.

## Questions?

Our helpful Community Physician Recruitment Consultants are available to help you with your RPAP Award nomination. Feel free to email the RPAP consultants at [consultants@rpap.ab.ca](mailto:consultants@rpap.ab.ca); or give them a call toll-free at 1-866-423-9911.