

# APPLICATION

## AAFP/Bristol-Myers Squibb Award For Excellence in Graduate Medical Education

All materials  
must be  
received by  
February 24.

Applicant's Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
first last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
mm/dd/yyyy city state country

Marital Status \_\_\_\_\_ Number of children \_\_\_\_\_

Home address \_\_\_\_\_  
address

\_\_\_\_\_ city state zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*List formal education (high school to current status)*

School City and State From To Degree  
(Month/Year) (Month/Year)

School	City and State	From <small>(Month/Year)</small>	To <small>(Month/Year)</small>	Degree

*I am a second-year resident\* at*

Name of Program \_\_\_\_\_

Address \_\_\_\_\_  
address city state zip

Preferred Mailing Address:  Home address  Residency address

Are you a resident member of the AAFP? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Residency Program Director Reference**

Name \_\_\_\_\_

\_\_\_\_\_ address

\_\_\_\_\_ city state zip

### **Active AAFP member reference**

Name \_\_\_\_\_

\_\_\_\_\_ address

\_\_\_\_\_ city state zip

\*You must be a second-year resident in an ACGME accredited family medicine residency, intending to apply for a third year of training at the date of application OR currently in the first year of an AOA approved family medicine residency after completion of an AOA approved rotating general or family medicine internship.

