

2014 Tar Wars Star Award Nomination Form

Mail or fax submission deadline: April 30, 2014

Mail to: Melody Goller, CMP, AAFP Tar Wars, 11400 Tomahawk Creek Parkway, Leawood, KS 66211

Fax to: (913) 906-6099

NOMINEE INFORMATION

Nominee(s): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Date: _____

SUBMITTER INFORMATION

Your Name: _____

Your Phone: _____

NOMINEE (please check ONE of the following categories)

- State Coordinator – AAFP Constituent Chapter/Foundation
- State Coordinator – Nonchapter/Foundation Related
- Family Physician
- Non Physician Health Professional (please specify _____)
- Educator
- Family Medicine Residency Program
- Family Medicine Interest Group
- Other (please specify _____)

AWARD TYPE (please check ONE category)

- Service
- New/Innovative Program Implementation
- Institutional Support
- Other (please specify _____)

REQUIRED ATTACHMENTS

- One-page narrative explaining why nominee(s) (individual or organization) should be considered for award.
- Letter of support.



Please contact AAFP Tar Wars staff at
(800) TAR-WARS/(800) 827-9277
if you have questions.

