



COLORADO ACADEMY OF  
FAMILY PHYSICIANS  

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STRONG MEDICINE FOR COLORADO

## CAFP FAMILY MEDICINE PHYSICIAN OF THE YEAR AWARD NOMINATION FORM

### A complete nomination includes:

Completed Nomination Form

Nominee's CV

Nomination letter (guidelines on next page)

Optional: Additional Letters of Support

### Nominator Details:

Name:

Designation:

Address:

Email:

AAFP ID

Phone:

### Nominee Details:

Name:

Phone:

Address:

Designation:

Email:

Board Certified?

AAFP ID (Optional):

AAFP Member in good standing?

Number of years in Practice:

Practice Type:

Residency Program:

## **Family Physician of the Year Letter Guidelines**

In the nominating letter, please address the nominee's current practice, their activities and accomplishments, and their exceptional qualities that position them as a leader among family physicians.

The ideal nominee will:

1. Continuously provide patients with compassionate, comprehensive, and caring family medicine;
2. Be directly involved in community activities that enhance the quality of their community;
3. Act as a credible role model professionally and personally to their community, to other health professionals, and residents and medical students; and
4. Stand out among their colleagues.

**Please email the full nomination packet in PDF format to [ryan@coloradoafp.org](mailto:ryan@coloradoafp.org) by December 15.**