



DELAWARE ACADEMY OF FAMILY PHYSICIANS

NOMINATION FORM

for Teacher of the Year



Nominator's Information		
Name:		AAFP ID#:
Work:		
Address:		
City, ST Zip		
Email:		
Phone:		

Nominee's Information		
Name:		AAFP Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Program		
Years in Practice:		
Address:		
City, ST Zip		
Email:		
Phone:		

Supporting Information	
How do you know the nominee?	
Does the nominee act as a credible role model professionally and personally to other health professionals, and residents and medical students?	
What unique attributes(s) does the nominee possess that enhance(s) his/her ability to connect with residents and medical students?	
How does the nominee engage residents and students to encourage them to choose Family Medicine as a profession?	

Email completed form to DAFP@delfamdoc.org by February 15, 2020.

Nominators will be notified if their nominee has been selected no later than February 28, 2020