

Family Physician of The Year Award
2005-2006
Nomination Form

Date: _____

Nominee:

Phone: _____ **Fax:** _____ **E-mail:** _____

Address: _____ **City:**

Postal Code: _____

Nominator:

(Title) **(First Name)** **(Surname)**

Phone: _____ **Fax:** _____ **E-mail:**

Address: _____ **City:**

Postal Code: _____

Signed: _____ **Date:**

***Please attach (3) letters as described and forward to the NSCFP office by 01 June, 2005.**

**The Family Physician of the Year for 2005 will be announced at the ASA (Conjoint) on 18 August in
Charlottetown, Prince Edward Island.**

**For more information contact Cathie W. Carroll, Executive Director,
E-mail: administrator@nsfamdocs.com, Ph (902) 499-0303**