



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

ALUMNI AWARDS NOMINATION FORM

Please return to:
Office of Advancement & Alumni Engagement
1440 Clifton Road NE, Suite 170
Atlanta, GA 30322
Phone: 404.727.0462
Email: medicalalumni@emory.edu

Each year, the Emory School of Medicine presents four prestigious awards to outstanding alumni. Recipients will be selected by a committee of the Medical Alumni Association Board.

Nominations are accepted throughout the year and will be considered active for five years. **The deadline for nominations for 2023 is February 1, 2023.** Please submit this nomination form together with up to two supporting documents describing how the nominee meets the criteria. (Including a *curriculum vitae* as one of the two supporting documents would be very helpful.)

Please select the award for which you are submitting this nominee:

- Award of Honor:** conferred upon a medical alumna/alumnus who has demonstrated distinguished service to the Medical Alumni Association, to the Emory School of Medicine, to Emory University, or to the profession of medicine.
- Distinguished Medical Achievement Award:** conferred upon an individual who has achieved distinction in research, teaching, medical practice, or administration in an academic or public institution.
- The Arnall Patz Lifetime Achievement Award** honors distinguished alumni from the Emory School of Medicine who display extraordinary leadership and accomplishment in the field of medicine at the national or international level.
- The Distinction in Community Service Award** honors distinguished alumni from the Emory School of Medicine who have provided extraordinary service to their community, fulfilling the obligations of their education through creative citizenship and exemplary leadership.

NOMINEE:

Name of Nominee:	
Emory Class Year(s):	
Title/Profession:	
Address:	
City/State/Zip:	
Business Phone:	
Home Phone:	
E-mail Address:	

SUBMITTED BY:

Full Name:	
Emory Class Year(s):	
Title/Profession:	
Address:	
City/State/Zip:	
Business Phone:	
Home Phone:	
E-mail Address:	

**List Nominee's
service to Emory, the
School of Medicine,
and/or the Medical
Alumni Association:**

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**List Nominee's
service to the
profession of
medicine - research,
teaching, medical
practice, and/or
administration in an
academic or public
institution:**

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**List Nominee's
service to the
community:**

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