

THE KANTER PRIZE

NOMINATION FORM

Completed nomination packets must be postmarked no later than **Friday, April 30, 2010.**

Nominating Organization:

Medical Association/Society Name: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

By signing below I agree that I am authorized to submit the official nominee on behalf of my state/territory/military/DC medical society/association, and to the best of my knowledge, the information provided is accurate.

Nominator Signature _____
Date

Nominee: Each designated state/territory/military medical society may only nominate ONE physician.

Name: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

By signing below I accept the nomination of my state/territory/district/military/DC medical society/association, attest that the information provided is accurate to the best of my knowledge, and agree to the independent verification of my professional accomplishments.

Nominee Signature _____
Date

Physicians can do a great deal to eliminate disparities and help ensure that all patients have access to the best possible health care. Recognizing them with the Kanter Prize and other such efforts is a superb way to recognize outstanding leadership in the medical community

Carolyn Clancy, MD, Director, Agency for Health Care Research and Quality