**2018 JEROME C. GOLDSTEIN, M.D. PUBLIC SERVICE AWARD**

**NOMINATION FORM**

**Submission Deadline: March 1, 2018**

Checklist:

1. Please submit nominee’s name and curriculum vitae or resume (Please see that your nominee gives detailed information).

2. Sponsor’s statement: In the light of the criteria for the selection process, please give as much information as possible to tell the Selection Committee of your nominee’s background and work. Specifically, tell in detail those special projects and activities that you think make this individual uniquely worthy of this distinguished award.

3. Procure letters of support from the following:

* Professional organizations served
* Public organizations served
* Project or program leader addressing nominee’s involvement in the improvement of patient welfare

4. The nominee’s sponsor should try to gather as much information as possible and give the Selection Committee a reasonable analysis of the energy and professional time given by the nominee towards the improvement of patient welfare.

5. List long-term ongoing related activities in which the nominee is involved.

6. **Items 1-5 above must be included with this nominee form.**

Upon completion of this form, please email to:

**Heather McGhee, Program Manager, Member Engagement, AAO-HNSF at** [**hmcghee@entnet.org**](file:///%5C%5Centnet.org%5Caaodfs%5CUsers%5CHmcghee%5CGovernance%5CANNUAL%20MEETING%5CAwards%5CGoldstein%20Public%20Service%20Award%5C2017%5Chmcghee%40entnet.org)

I. NOMINEE INFORMATION / **ALL INFORMATION IS REQUIRED**

 NAME

 ADDRESS

 WORK PHONE CELL

 EMAIL

 BIRTHPLACE

BIRTH YEAR

II. DEGREES AND SCHOOLS ATTENDED *(If included in CV or Resume, indicate “See CV”)*

III. BOARD CERTIFICATIONS (IF ANY) AND DATES *(If included in CV or Resume, indicate “See CV / Resume”)*

IV. POSITIONS AND APPOINTMENTS *(If included in CV or Resume, indicate “See CV / Resume”)*

V. PROFESSIONAL MEMBERSHIPS *(If included in CV or Resume, indicate “See CV / Resume”)*

VI. MEMBERSHIP IN OTHER SERVICE ORGANIZATIONS AND VOLUNTEER ACTIVITIES

 *(If included in CV or Resume, indicate “See CV / Resume”)*

VII. AWARDS AND HONORS *(If included in CV or Resume, indicate “See CV / Resume”)*

VIII. **BRIEF STATEMENT ON NOMINEE’S EXPERIENCES IN THE PUBLIC SERVICE AREA WITH FOCUS ON IMPROVING PATIENT WELFARE**. ***PLEASE OUTLINE AND INCLUDE THE NOMINEE’S SERVICE TO THE PUBLIC OR TO VARIOUS ORGANIZATIONS***. (You may include an additional page.)

**Nominated by:** Date:

 (Please print full name)

**Nominated by:** Date:

 (Please print full name)

**PLEASE INCLUDE CURRENT COPY OF NOMINEE’S CV OR RESUME.**