

E. Harvey Estes, MD

Physician Community Service Award

Nomination Form

Qualifications

1. The recipient must be a physician licensed in North Carolina.
2. The recipient must be living.
3. The recipient must not have received the Award previously.
4. The recipient must have compiled an outstanding record of community service, which, apart from his/her specific identification as a physician, reflects well on the medical profession.

All nominations must be received by July 1, 2021.

Submit to Evan Simmons at esimmons@ncmedsoc.org.

Personal Data Sheet
Physician Community Service Award Nominee

Name _____
(First) (Middle) (Last)

Birth date and location _____

Home address _____

Telephone _____

Office address _____

Telephone _____

Cell _____

E-Mail _____

Education

(list colleges attended, degrees and dates received, special honors, etc.)

Medical Organizations

(include offices presently held or held in the past—specify dates)

Civic Organizations and Community Activities

(include offices presently held or held in the past — specify dates)

Marital Status

(spouse's full name, children)

Remarks

Nomination Submitted by _____

Address _____

Telephone _____