

**NL College of Family Physicians - NOMINATION FORM**

AWARDS OF EXCELLENCE

**Deadline: May 1, 2024**

|  |  |
| --- | --- |
| Send to NL Chapter: | Debbie Rideout, AdministratorNL College of Family Physicians Incdrideout@nlcfp.ca |
| Nominator Name: |  |
| Contact Information for Nominator Including Email Address |  |

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| --- | --- |
| **Name - Nominee** | **Address / Email Address** |
| **1.****\*** |  |
| \*Reason for nomination: |

**\*The reason for the nomination is required.**

**Please use this form to submit your nominations to:**

drideout@nlcfp.ca

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