

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

AWARDS OF EXCELLENCE

**Deadline: May 1, 2024**

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| Send to NL Chapter: | Debbie Rideout, Administrator  NL College of Family Physicians Inc  [drideout@nlcfp.ca](mailto:drideout@nlcfp.ca) |
| Nominator Name: |  |
| Contact Information for Nominator Including Email Address |  |

|  |  |
| --- | --- |
| **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](mailto:drideout@nlcfp.ca)

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