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**My NL Family Doctor Award**

**Nominee Information Form**

**Deadline: Sunday, July 31, 2022**

**Your Name:**

**Your Mailing Address:**

**Your Town/City Where You Live:**

**Your Telephone Number:**

**Your Family Doctor’s Name:**

**Your Email Address (if you have one):**

**By nominating my family doctor for this award, I give my permission for the NL College of Family Physicians to use my name, along with the letter written, to recognize my doctor’s work.**

 **Yes**

 **No**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ms. Debbie Rideout**

**Administrator**

**NL College of Family Physicians Inc.**

**Family Medicine, Room 2713A**

**Health Sciences Centre, 300 Prince Philip Drive**

**St. John’s, NL A1B 3V6**

**Tele:  709-864-6566**

**Website:  nl.cfpc.ca**

**Email: drideout@nlcfp.ca**