

The COPIC Humanitarian Award is presented each year to honor a physician for volunteer medical services and contributions to their community. We specifically look to recognize those individuals who unassumingly volunteer outside the spectrum of their day-to-day lives.

NOMINEE INFORMATION (please print clearly)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Specialty: _____

Years in practice: _____

SUBMITTED BY

Your Name: _____

Organization: _____

Title: _____

Your Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

If your nominee is not selected, may we let him/her know of your nomination? Yes___ No___

NOMINATION DESCRIPTION

To help ensure that all candidates can be given equal consideration, we strongly recommend that you answer the following questions as they relate to the nominee's contributions to your health care community. Please print legibly or type on no more than **2 pages**. A cover letter will not be considered and no other attachments will be accepted. You will strengthen your nomination by following these instructions.

1. List and describe nominee's **specific volunteer** activities (where, what, when, how often, etc.)
2. How do the nominee's volunteer activities specifically impact his/her community?
3. Why do you feel this individual deserves to be recognized?

SUBMISSION OF NOMINATION FORM

Attach this form to your nomination description and mail to:

COPIC Medical Foundation
Attn: COPIC Humanitarian Award
7351 E. Lowry Blvd., Ste. 400
Denver, CO 80230

We may contact you for additional information if necessary. You will receive confirmation by mail once your nomination form has been received. You will be informed either way if your nominee is selected.

Questions? Contact Meredith Hintze at (800) 421-1834 ext. 6060 or mhintze@copic.com