

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 in North Dakota: \_\_\_\_\_

**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 North Dakota's health care community. Please limit narrative to no more than **2 pages**. 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 supporting narrative, and mail to:

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

Or, you may email your scanned nomination form and supporting narrative to [lwadleigh@copic.com](mailto:lwadleigh@copic.com).

We may contact you for additional information if necessary. You will receive confirmation once your nomination form has been received.

Questions? Contact Laura Wadleigh at (800) 421-1834 ext. 6077 or [lwadleigh@copic.com](mailto:lwadleigh@copic.com).