



**TEXAS ACADEMY of PHYSICIAN ASSISTANTS
Annual Awards Program
-NOMINATION FORM-**

I nominate the following person for the (check one):

- TAPA PA Educator of the Year Award
- TAPA Outstanding PA of the Year Award
- TAPA Outstanding Supervising Physician of the Year Award

Nominee full name

Nominee address

City/State/Zip

Nominee telephone (home/work) email

- I would like to complete the application anonymously on behalf of the nominee. Please send the application directly to me.
- I would like for the nominee to complete the application, but I would like for my nomination to remain anonymous. Please send the award application to the nominee for completion.
- I would like for the nominee to complete the application, and you may tell him/her I have nominated them. Please send the award application to the nominee for completion.

Nominator name Date

Nominator address

City/State/Zip

Daytime Phone email address

You MUST attach a letter describing your reasons for the nomination. This letter may be considered a letter of reference for application purposes.

**DEADLINE for receiving completed nomination forms is DECEMBER 1, 2009
DEADLINE for receiving completed award applications is JANUARY 15, 2010**

MAIL or FAX COMPLETED NOMINATION FORM TO:

TAPA
Attn: Lisa Jackson
401 W. 15th Street
Austin, TX 78701-1680
(512) 370-1626 fax