



South Dakota Academy of Physician Assistants Supervising Physician of the Year Nomination Form

Name of Supervising Physician: _____

Employer / Clinic: _____

Specialty: _____

1. Describe the nominee's character and professional accomplishments at an institutional, local, state or national level and why you believe he/she should receive this award:
2. Describe the activities of the nominee that have contributed to the positive image of Physician Assistants in South Dakota:
3. Describe how the nominee promotes or contributes to the achievements of Physician Assistants he/she supervises:
4. How long have you known / worked with the nominee and in what capacity?
5. Is the nominee currently a preceptor for PA students? If not, has he/she been a preceptor previously?
Yes _____ No _____
6. Has the nominee presented a topic for CME at the SDAPA Conference or other PA Conference?
Yes _____ No _____
7. List any other ways that the nominee has contributed to PA education.

***When submitting your nomination, you may attach additional sheets as needed.

Nominated By: _____

Address: _____

Phone: _____ Email: _____

SDAPA Award and Criteria

Supervising Physician of the Year

- § Awarded annually
- § Currently practicing medicine in South Dakota
- § Works with physician assistant(s)
- § Based on medical contribution (employment and education) of PA's in South Dakota
- § Nomination from South Dakota PA's

Please return completed nomination form via the email link on the website sdapa.net by January 1, 2012