



AMA Public Health Awards 2018 Nomination Form

Nominations close COB Wednesday 25 April 2018

Details of the Nominee

Full Name

Contact number

Address

City, Postcode

Email

Please select the award you wish you nominate this person/group for:

AMA Excellence in Healthcare Award

AMA Woman in Medicine

Is the nominee a current AMA Member?

- Yes
- No

Details of person making the nomination

Full Name

Preferred contact number

Address

City, Postcode

Email

Are you a current AMA member?

- Yes, member number:
- No



AMA Public Health Awards 2018 - Nomination Form

Supporting statement

Please provide a short statement addressing the nominee's suitability against the award criteria.

Signature of person making the nomination

Date