



NORTH STAR NOMINATION FORM — SELF-NOMINATED

Nominee (name):	
Office Address:	Office Phone:
Specialty:	Medical Group:
Home/Cell Phone:	Email:

Education, Undergraduate:
Medical School:
Residency:

Current Professional Affiliations:

Community Activities or Other Interests:
--

LETTER OF NOMINATION

Please write a letter of nomination (750 word max) addressing two or more of the following criteria (please attach).

- Provides patients with compassionate, comprehensive care
- Is a credible role model professionally and personally to other health care professionals
- Is involved with caring for the underserved population
- Makes a difference in the community beyond your job in the clinic/hospital
- Embodies characteristics that make you stand out among others

Additional letters of support may be included with the official letter of nomination. No more than five.

DEADLINE: Sept. 1, 2017

This nomination form and attachments must be emailed to St. Charles Foundation at giving@stcharlesfoundation.org. Questions? Please call 541-706-6996.