



Nomination Application for the 20th Annual Palm Beach County Medical Society Services HEROES IN MEDICINE AWARDS

Palm Beach County Medical Society Services (PBCMSS), a nonprofit organization, is proud to host its **20th Annual Heroes in Medicine Awards Luncheon on Thursday, May 25th, 2023, at Benvenuto's in Boynton Beach.** These prestigious awards honor people throughout Palm Beach County who use their skills and resources to provide outstanding services.

Proceeds from the event benefit all Palm Beach County Medical Society Services programs.

Nominations must be received by Monday, April 3, 2023, at 12:00pm. No late nominations will be accepted. One nominee will be selected in each category.

AWARD CATEGORIES

PHYSICIAN HERO is an MD or a DO who embodies the characteristics of skill, compassion, and dedication to the ideals and beliefs of the profession and has contributed in significant ways to the betterment of health care locally, nationally or internationally.

BRUCE RENDINA PROFESSIONAL HERO is an individual whose profession is an integral part of the health care system but is not a direct provider of patient care. This person has used their knowledge and abilities to improve the health of local, national, or global communities in a tangible way. Nominees may include advocates, administrators, and others.

COMMUNITY HERO is a company, institution, organization, agency, or volunteer who has devoted time, skills, and resources to assist others and contributed to the betterment of health care. This may include programs supporting training or educating people on how to improve daily choices, prevent illnesses, access local resources, or improve the overall quality of life.

HEALTH CARE PROVIDER HERO (non-physician) is an individual or group of individuals who may directly provide healthcare but are not physicians and have provided services or programs that have gone "above and beyond" by contributing to the betterment of healthcare.

Nominees may include, but are not limited to, nurses, PAs, dentists, pharmacists, midwives, social workers, paramedics, chiropractors, therapists, care coordinators, etc.

COLLEGE/MEDICAL STUDENT HERO is a college or medical student who has or group of students who have made outstanding commitments to health care and as a result has made or is making a significant difference.

HIGH SCHOOL STUDENT HERO is a high school student who has or group of students who have made outstanding commitments to health care and as a result has made or is making a significant difference.

Questions? Email KatherineZ@pbcms.org or visit www.PBCMS.org or call 561-433-3940.

Presented by Palm Beach County Medical Society Services
2023 NOMINATION COVER FORM
PALM BEACH COUNTY IS FULL OF HEALTH CARE HEROES. WHO IS YOUR HERO?

-Complete this form and submit a narrative of **500 words or less** describing why the nominee(s) is (are) qualified as a recipient of the PBCMSS Heroes in Medicine Awards. **Include specific examples and the impact of their work and/or service.** Supplementary materials may be attached. If multiple nominations are submitted for one person only one will be used for judging purposes.

-Complete all fields below on this Nomination Cover Form and submit it along with the narrative, and photo to KatherineZ@pbcms.org or fax to 561-433-2385 by **Monday, April 3, 2023, at 12:00pm. No late nominations will be accepted.**

- Nominees selected will be notified.
- Nominators of those not selected will be notified.

Category of Heroes*

Please check only one category per nominee.

- | | |
|---|---|
| <input type="checkbox"/> PHYSICIAN | <input type="checkbox"/> COMMUNITY |
| <input type="checkbox"/> BRUCE RENDINA PROFESSIONAL | <input type="checkbox"/> HEALTH CARE PROVIDER (non-physician) |
| <input type="checkbox"/> COLLEGE/MEDICAL STUDENT | <input type="checkbox"/> HIGH SCHOOL STUDENT |

*The nominee may be assigned to a different category than the one submitted.

Nominee

Nominee's Name _____ Nominee's Title _____

Organization (if applicable) _____

Address _____

Phone Number _____ City _____ State _____ Zip _____
Cell Phone Number _____

Email _____

Nominator

Nominator's Name _____

Organization (if applicable) _____

Address _____

Daytime Phone _____ City _____ State _____ Zip _____
Email _____

To the extent of my knowledge all of the information presented is true.

Signature of Nominator _____ **Date** _____

2023 Nomination Narrative Form

Submit the Nomination Cover Form along with this Nomination Narrative Form,
and a photo by **Monday, April 3, 2023, at 12:00pm.**

Nomination Checklist

- ✓ 2023 Nomination Cover Form
- ✓ 2023 Nomination Narrative
- ✓ Photo (high resolution at least 300 dpi and least 2" wide)
- ✓ Nominee has been notified

This form must be sent to KatherineZ@pbcms.org by **Monday, April 3, 2023, at 12:00pm** for the nominee to be considered.

Nominee (please print) _____

Nominator (please print) _____

In 500 words or less please:

- describe why the nominee is qualified to be the recipient of a Heroes in Medicine Award
- include specific examples
- present significant impacts made by the nominee on people and any communities they serve or have served