



**IOWA  
MEDICAL  
SOCIETY**



**COPIC**  
Better Medicine • Better Lives

**IMS/COPIC  
Physician Humanitarian  
Award Nomination Form**

The IMS/COPIC Physician Humanitarian Award (formerly named the IMS Physician Community Service Award) is presented each year to honor a physician for volunteer medical services and contributions to their community through principles focused on human dignity, social justice, and compassion. We specifically look to recognize those individuals who unassumingly volunteer outside the spectrum of their day-to-day lives.

**NOMINEE INFORMATION: (please print clearly)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Specialty: \_\_\_\_\_

Years in practice in Iowa: \_\_\_\_\_

*Nominees must be members of Iowa Medical Society.*

**SUBMITTED BY:**

Your Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If your nominee is not selected, may we let him/her know of your nomination? Yes\_\_\_ No\_\_\_

**NOMINATION DESCRIPTION**

To help ensure that all candidates can be given equal consideration, we strongly recommend that you answer the following questions as they relate to the nominee's contributions to Iowa's health care community. Please limit your narrative to no more than **2 pages**. You will strengthen your nomination by following these instructions.

1. List and describe the nominee's **specific volunteer** activities (where, what, when, how often, etc.)
2. How do the nominee's volunteer activities specifically impact his/her community?
3. Why do you feel this individual deserves to be recognized?

**SUBMISSION OF NOMINATION FORM**

Attach this form to your supporting narrative, and mail to:

Laura Wadleigh  
COPIC  
7351 E. Lowry Blvd., Suite 400  
Denver, CO 80231

Or, you may email your scanned nomination form and supporting narrative to [lwadleigh@copic.com](mailto:lwadleigh@copic.com). We may contact you for additional information if necessary. You will receive confirmation once your nomination form has been received.

**Questions?** Contact: Mary Lyon at (515) 421-4773 | [mlyon@iowamedical.org](mailto:mlyon@iowamedical.org) or Laura Wadleigh at (800) 421-1834 ext. 6077 | [lwadleigh@copic.com](mailto:lwadleigh@copic.com).