

ArVMA VETERINARIAN
OF THE YEAR
Nomination Form



This award is given annually at the Arkansas VMA Winter meeting to recognize the outstanding contributions and accomplishments of a member of the Arkansas VMA. Only members of this association are eligible to receive this award.

Nominations must be postmarked no later than December 15th of this year and submitted directly to the Arkansas VMA office at the address listed below. Individuals submitting nominations must be members of the Arkansas VMA.

Nomination form submitted by: _____

Address: _____

Phone: _____

Date: _____

AWARD RECIPIENT PROFILE DATA

Nomination of Dr.

Address: _____

Please list the fields of veterinary medicine in which the nominee has been engaged including the number of years and location of each:

1. List the activities this person has been involved in *within the current year* that have contributed to this association and to the veterinary profession. (Please include membership and offices held in veterinary and allied organizations, public relations for the veterinary profession, and other professional activities and contribution.) **[25%]**

2. List the activities this person has been involved with *prior to the current year* that have contributed to this association and to the veterinary profession. (Please use the same criteria as above.) **[25%]**

3. List the civic and other public activities this person has been involved in *within the current year*. (Please include membership in and offices held in all non-professional organizations such as religious groups, military duty, fraternal service, etc.) **[25%]**

4. List the civic and other public activities this person has been involved with *prior to the current year*. (Please use the same criteria as above.) **[15%]**

5. List any other awards and/or accomplishments. (Please include items such as publications, inventions, etc.) **[10%]**

Attach additional sheets as necessary

Mail completed nomination forms by December 15th of this year to:

**Arkansas Veterinary Medical Association
P.O. Box 17687
Little Rock, AR 72222-7687**

Questions? Call (501)868-3036 or e-mail arkansasvma@comcast.net