Physician Assistant Alumnus of the Year Nomination Form

This award is presented to an alumnus of the Salus University physician assistant program who has distinguished himself/herself through extraordinary service and contributions to the physician assistant profession, bringing honor and prestige to Salus University.

Criteria

To be considered for the Physician Assistant Alumnus of the Year award, the following criteria will be considered:

• Nominee must be a graduate of the Salus University physician assistant program
• Nominee has made constructive contributions to society and the profession that display leadership, responsibility and expertise in the field of physician assistant
• Nominee has a record of community involvement
• Nominee is a person who brings inspiration to the faculty, staff, students, alumni and friends of Salus University
• Nominee has demonstrated continuing interest in and support of Salus University through contributions of time, talent and/or resources

Please complete this form providing as much of the requested information as possible.

ALL NOMINATIONS MUST BE RECEIVED BY Friday, February 19, 2016.

Fax/e-mail/mail to:

Salus University
Office of Institutional Advancement
8360 Old York Road
Elkins Park, PA 19027

E-mail: jlemisch@salus.edu
Phone: 215.780.1391
Fax: 215.780.1396
Physician Assistant Alumnus of the Year Nomination Form

Nominee Information (Please attach any additional comments)

Name: ___________________________________________________________________
Address: __________________________________________________________________
City: _________________________ State: _______________ Zip: _______________
E-mail address: _______________________ Daytime phone: ___________________
Employer: _______________________________ Title: ____________________________
Additional Comments: _______________________________________________________

Reason for Nomination* (additional comments may be attached)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Nominator Information (Provide us with your information)

Name: ___________________________________________________________________
Address: __________________________________________________________________
City: _________________________ State: _______________ Zip: _______________
E-mail address: _______________________ Daytime phone: ___________________

*Please submit a curriculum vitae for your nominee whenever possible.

Return completed form to:
Jamie Lemisch, Alumni Office
Salus University
8360 Old York Road
Elkins Park, PA 19027
Fax: 215.780.1396 ● Phone: 215.780.1391 ● Email: jlemisch@salus.edu