



# Nomination Form

## SECTION C – NOMINATING ORGANIZATION

(to be completed by the county society, specialty society, or NCMS)

Name of Nominee: \_\_\_\_\_

Nominating Organization's Name: \_\_\_\_\_

Name of person(s) completing form: \_\_\_\_\_

Title(s): \_\_\_\_\_

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

\_\_\_\_\_

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

Please describe why you believe the nominee should be selected by the Leadership College Selection Committee for participation in the 2011 NCMS Leadership College. Please include interactions with the nominee that demonstrate leadership capabilities and/or potential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, is the physician a respected clinician in his/her community? Explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, membership information relative to the nominee and your society is accurate and complete.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed nomination form by June 1, 2010 to:  
NCMS Leadership College Selection Committee, c/o Richard Skinner  
North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611  
(919) 833-3836 fax (919) 833-2023