

NCMS Leadership College 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 Curriculum Advisory Committee for participation in the 2012 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 July 29, 2011 to
NCMS Leadership College Curriculum Advisory Committee, c/o Richard Skinner
North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611 or fax to (919) 833-2023