

Section on Pediatrics Susan Effgen Advocacy Award Nomination Form

Please be as specific as possible in completing this form so that the nominee recommended can receive full consideration.

The following individual is nominated for the Effgen Advocacy Award:

NOMINEE

Name: _____

Complete Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____ E-mail: _____

Why is this person nominated?

1) Attach a summary of documentation of the advocacy activity for which he/she will be recognized for exceptional support of the pediatric legislative agenda.

2) If possible, attach a resume or vitae of the nominee.

Recommending Party (check one):

_____ Individual Section on Pediatrics Member

_____ Chair of Special Interest Group

_____ Chair of Committee

_____ Section Board Member

Name: _____

Complete Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

E-mail: _____

Signature of Nominator: _____

Please submit materials to pediatrics@apta.org no later than **NOVEMBER 1**.