## PA of the Year Nomination Form



- Awarded annually
- Must be a NAPA member
- Engaged in active practice- clinical, educational, research
- Based on medical contributions to the community and promotion of the PA profession
- Nominations from NAPA members and general public

Please return Nomination Form to the NAPA Office by December 30, 2022
8700 Executive Woods Dr., STE 400, Lincoln, NE 68512
Email: info@nebraskapa.org

Nominee Name:						
Employer/Clinic:						
Practice Type/Spo	cialty:					
NAPA Member	Yes	No	AAPA Member	Yes	🔲 No	
NAPA Board/Committee Involvement:						
PA Program/Student Involvement (Program Name):						
	Preceptor	Shado	w 🗖 Leo	cture		
National Involver	nent					

Describe why nominee is deserving of the award (Feel free to attach separate sheet)

Nominated by:		
How can we reach you?	Email:	Ph
Relationship to Nominee:		

Phone:

Nebraska Academy of PAs