

# THE KANTER PRIZE

## NOMINATION FORM

Completed nomination packets must be postmarked no later than **Friday, February 6, 2009**.

### Nominating Organization:

Medical Association/Society Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

By signing below I agree that I am authorized to submit the official nominee on behalf of my state/territory/military/DC medical society/association, and to the best of my knowledge, the information provided is accurate.

\_\_\_\_\_  
Nominator Signature \_\_\_\_\_  
Date

### Nominee: Each state/territory/military medical society may only nominate ONE physician.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

By signing below I accept the nomination of my state/territory/district/military/DC medical society/association, attest that the information provided is accurate to the best of my knowledge, and agree to the independent verification of my professional accomplishments.

\_\_\_\_\_  
Nominee Signature \_\_\_\_\_  
Date

*Physicians can do a great deal to eliminate disparities and help ensure that all patients have access to the best possible health care. Recognizing them with the Kanter Prize and other such efforts is a superb way to recognize outstanding leadership in the medical community*

*Carolyn Clancy, MD – Director, Agency for Health care Research and Quality*