



**Maine Association of Physician Assistants**  
*PA's advocating for Maine's Physician Assistants*

## MEAPA ANNUAL AWARDS QUESTIONNAIRE FORM

Name of nominee: \_\_\_\_\_  
Address of nominee: \_\_\_\_\_  
Email of nominee: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Award nominated for:  Robert J. Lapham Service Award  
 Maine PA of the Year Award  
 Outstanding Health Care Professional Award

Name of Nominator: \_\_\_\_\_ Title: \_\_\_\_\_

Nominator Contact Information: Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship of nominator to nominee: \_\_\_\_\_

Reason for nomination: \_\_\_\_\_

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

Criteria for nomination: ( explanation is required on #1 – 5 below)

1. Community service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Professional service to MEAPA and/or AAPA: \_\_\_\_\_

\_\_\_\_\_

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3. Support rendered to Physician Assistants and the PA Profession:

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4. Precepting, teaching, legislating activities: \_\_\_\_\_

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5. Other professional and personal qualities of interest: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please email your nomination to: MEAPA Administrator, Lisa Martin at [info@mainepa.com](mailto:info@mainepa.com) or fax 207-622-3332.  
DEADLINE for nominations is: Extended January 4, 2016.**