

OUTSTANDING HUMANITARIAN SERVICE AWARD

Information and Nomination Procedures

Purpose

To recognize Academy members' participation in charitable activities, indigent care, community service and other humanitarian activities through a program of public service awards to be given by state ophthalmological societies and by the American Academy of Ophthalmology. Individuals must perform this public service in their capacity as an ophthalmologist.

Structure

1. Each State, Subspecialty, and Specialized Interest Ophthalmological society is encouraged to present an award for humanitarian activity by an ophthalmologist at their annual meeting.
2. Recipients of state awards and other Academy Awards are eligible for consideration by the Awards Committee to receive the Academy's *Outstanding Humanitarian Service Award*.

Qualifications and Criteria for Nomination

1. The nominee must be a Fellow or Member in good standing of the American Academy of Ophthalmology who has demonstrated a pattern of humanitarian service in the United States or abroad over a period of at least several years. Qualifying service might include, but is not limited to:
 - Free care to the indigent
 - Service in inner city, rural or international locations with disadvantaged persons
 - Care for underprivileged individuals of specific racial or ethnic background
 - Care in settings of high risk to the ophthalmologist
2. The service must have been above and beyond the usual service commitment required by a sponsoring organization, or expected by virtue of the type of service involved.
3. The service should have entailed personal sacrifice on the part of the ophthalmologist.
4. The service must have been consonant with the principles of the Code of Ethics of the American Academy of Ophthalmology.
5. Length of service must be sustained.
6. Only one such award may be given to an individual during his or her lifetime.

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Nomination Procedures

1. A recipient of a state ophthalmological society public service award who was selected by a vote of its membership or a vote of the Board of Directors (or equivalent) of that organization may be nominated by that society.
2. Each nominating body must complete one Outstanding Humanitarian Service Award Nomination Form per nominee. Each nomination form should describe in detail the nature of the public service, the sustainability of service, the length and consistency of service, the scope of impact, and references who may be contacted.
3. Three letters of recommendation must be included with the nomination form.
4. **All forms must be typed. Hand written nomination forms will not be accepted.** You may also go to our website www.aao.org and complete a nomination form online. If you have any questions, please contact the Academy's Member Services by phone at 1.866.561.8558 (toll free U.S. only), 1.415.561.8581, fax 1.415.561.8575, or e-mail member_services@aao.org.
5. The deadline to receive nomination forms is **March 13, 2009**. The Awards Committee will recommend nominations for final approval. Recipients will be honored at the Opening Ceremony during the Academy's Annual Meeting.

Selection of Recipients

The Academy's Awards Committee will consider only those nominations that meet the qualifications criteria described above. In reviewing each nomination, the Awards Committee will verify references of the nominee, and if necessary gather additional information in making their determination.

Selection of recipients will be determined on the basis of factors including, but not limited to: intensity of service, continuity of service, length of service, need for the service, personal sacrifice of the ophthalmologist, and the recommendations of the nominating organization and/or individuals identified in the nomination form, or others whom the committee may consult.

A maximum of *two* recipients will be selected annually; therefore, not all nominees will receive the *Outstanding Humanitarian Service Award*.

OUTSTANDING HUMANITARIAN SERVICE AWARD
Nomination Form

Instructions

Outstanding Humanitarian Service Award Nomination Form should be completed by a State, Subspecialty, Specialized Interest Society or another nominating body.

Please do not write "SEE ATTACHED C.V." This nomination form **must** be completed in its entirety.

The Academy's Awards Committee will review this nomination. **You must type the information requested** (you can type in this form on your computer and then print it out or print out a blank form and use a typewriter). Use an additional sheet of paper if necessary to supplement your answers.

Nominee Profile

Name of Nominee _____

Address _____

City _____ State _____ Postal Code _____

Country _____

Telephone: _____ Fax: _____

E-mail: _____

Nominated by: _____

(Name of Society or Other Nominating Body)

Description of Humanitarian Service

1. Please describe in detail the nature of the public humanitarian service provided by the nominee. Include the need for this service, the sustainability of service, the length and consistency of service, and the scope of impact. (Please use additional paper if needed)

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2. In what capacity did the nominee serve above and beyond the usual volunteer commitment? How did it entail personal sacrifice on the part of the ophthalmologist?

3. To the best of your knowledge, are the nominees' practice principles consistent with the Academy's Code of Ethics?

4. Has the nominee received any other awards for this type of humanitarian service? If so, please list the award and dates received.

5. Please list the name(s) and titles of individuals/nominating body/organization submitting this nomination, including their phone numbers and addresses.

Name _____

Nominating Body _____

Address _____ Suite _____

City _____

State _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

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6. Please list several individuals that the Academy's Awards Committee may contact to verify information concerning this humanitarian service.

I. Name _____ Position _____

Organization _____

Address _____ Suite _____

City _____

State _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

II. Name _____ Position _____

Organization _____

Address _____ Suite _____

City _____

State _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

III. Name _____ Position _____

Organization _____

Address _____ Suite _____

City _____

State _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail: _____

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Please include any supplementary materials you would like the Awards Committee to review concerning this nomination.

Return the completed nomination by **March 13, 2009** to the attention of:

Awards Committee
c/o Member Services
American Academy of Ophthalmology
655 Beach Street
San Francisco, CA 94109

Additional Contact Information:

Toll free: 1-866-561-8558

Phone: (415) 561-8581

Fax: (415) 561-8575

E-mail: member_services@aao.org