

**OUTSTANDING HUMANITARIAN SERVICE AWARD**  
**Nomination Form**

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**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** (or you can type and download the information from your computer on the Academy's Web site [www.aao.org](http://www.aao.org)). 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?

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

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

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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 19, 2010** 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](mailto:member_services@aao.org)