## **COLORADO ACEP**

## **Awards Nomination Form**

This form must be completed entirely. **Award Designation**Please check one

<ul> <li>Meritorious Service Award</li> <li>The Legacy Award</li> <li>John Marx Education Award</li> </ul>		
Nominator Information The nomination form, nominee's curriculum	vitae, a letter explaining why the nominee merits the award, award criteria, must be sent to Colorado ACEP, 10465 Melody onsidered by the Nomination Committee.	Dr.
Nominated By:	Date Submitted	_
Address:		
Nominator's Signature		
Nominee		
Name of Nominee:	Telephone:	_
Address:		_
City, State, ZIP:		_
Please attach a brief biographical staten	nent about Nominee as well as current curriculum vitae.	
Please state why this person should be hor	nored with this award	
		_
		_
		_
		_
ACEP Offices Held (Chapter and National)		
		_
		_
		_
		_

Committees (Chapter/National, Name of Committee and Length of Service):		
Other Emergency Medicine-Related Services (Title and Length of Service):		
Other Asticities of Chariel Merit (Civia Institution at ).		
Other Activities of Special Merit (Civic, Institution, etc.):		