

# ABRAHAM BALDWIN AGRICULTURAL COLLEGE

## ALUMNI ASSOCIATION

### OUTSTANDING HEALTH CARE PROFESSIONAL

The *Outstanding Health Care Professional Award* is presented by the ABAC Alumni Association in recognition of alumni who have distinguished themselves through professional achievement, community service and service to the College. This award is designed to recognize individuals in the various areas of health care, including but not limited to medicine, nursing, dentistry, pharmacy, and health care administration. Eligible individuals could be doctors, dentists, nurses, hospital or extended care administrators, pharmacists, or registered dietitians.

The Outstanding Health Care Professional Award was initiated in 1995.

#### Eligibility & Criteria

1. The *Outstanding Health Care Professional Award* is open to anyone who has attended Second District A&M School, South Georgia A&M College, Georgia State College for Men or Abraham Baldwin Agricultural College for at least three full quarters (minimum of 45 quarter hours) or two semesters (24 semesters hours) and has distinguished himself/herself as an outstanding health care professional.
2. Those nominated are not required to have received a degree or certificate from ABAC nor are they required to have majored in health care.
3. Each nomination must include at least two letters of recommendation. Additional supporting materials are welcomed.
4. Each nomination must be submitted by the deadline established by the ABAC Alumni Awards Committee.
5. Nominees will be considered for two consecutive years. Persons may be re-nominated after two years.
6. Selection for the award will be made by the ABAC Alumni Awards Committee.
7. This award will be presented during the annual Celebrate ABAC Awards Program.

#### Evaluation

I. Professional Achievement	60
II. Community Service	30
III. Service to ABAC	<u>10</u>
	100

Nomination form and supporting materials must be postmarked no later than **December 1st** and mailed to:

**ABAC ALUMNI AWARDS**  
**ABAC 13, 2802 Moore Highway**  
**Tifton, GA 31793-2601**

**For more information, contact the Alumni Relations Office at (229) 391-4900.**

**OUTSTANDING HEALTH CARE PROFESSIONAL  
NOMINATION FORM**

(Use additional pages as necessary)

**DATE:**

**NAME:**

**MAIDEN NAME:**

**ADDRESS:**

**HOME PHONE:**

**BUSINESS PHONE :**

**YEARS ATTENDED ABAC: \_\_\_\_\_ to \_\_\_\_\_**

**MAJOR(S):**

**FURTHER EDUCATION AND DEGREES:**

**I. PROFESSIONAL ACHIEVEMENT**

**A. CURRENT PROFESSIONAL INVOLVEMENT AND POSITION (Include name of firm):**

**B. PROFESSIONAL HONORS OR RECOGNITION:**

**C. PROFESSIONAL MEMBERSHIPS:**

**D. EMPLOYMENT HISTORY:**

**E. PHILOSOPHY OF HEALTH CARE:**

**II. COMMUNITY SERVICE (Local, State and National)**

**A. COMMUNITY INVOLVEMENT (Include memberships, projects and offices):**

**B. CHURCH INVOLVEMENT:**

**C. CHARITABLE CAUSES (Heart Association, United Way, Red Cross, etc.):**

**D. SPECIAL HONORS OR RECOGNITION:**

**E. OTHER:**

**III. SERVICE TO ABAC (Include work with Alumni Association and the Foundation, recruitment of prospective students, financial support, short courses, special events such as Homecoming, Evening for ABAC, arts events, athletic events, etc.):**

**IV. GENERAL INFORMATION**

**A. FAMILY:**

**Spouse's Name:**

**Maiden Name:**

**Did spouse attend ABAC?**

**When? \_\_\_\_\_ to \_\_\_\_\_**

**Children's names and ages:**

**Did/do children attend ABAC?**

**B. STUDENT ACTIVITIES WHILE AT ABAC:**

**V. LETTERS OF SUPPORT**

**Please list names, addresses, and day phone numbers of the individuals who you have asked to write letters in support of this nomination. The letters may accompany this nomination form or may be mailed directly to the Alumni Office. Use additional page if necessary.**

**This information was provided by (if someone other than the nominee):**

**Name: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City, State, Zip \_\_\_\_\_**

**Day Phone: \_\_\_\_\_**