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  10

100

Nomination form, letters of recommendation, and supporting materials must be postmarked no later than January 15th 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: _____________________________________________________