

APPENDIX B

**PHILIPPINE MEDICAL ASSOCIATION
OFFICIAL NOMINATION FORM
INDIVIDUAL AWARDS**

To : *The PMA Committee on Awards*

From : *PMA Component Medical Society/Specialty Divisions/Subspecialty and Affiliate Societies:* _____

Date : _____

We respectfully endorse _____, MD as our nominee for the _____(name of the award), who garnered the highest score during the screening/deliberation by the Committee on Awards of our component society.

Our nominee is a member in good standing with no pending criminal case in a court of law and has not violated the Code of Ethics of the PMA.

*(Signature over printed name)
Member, Committee on Awards*

*(Signature over printed name)
Member, Committee on Awards*

*(Signature over printed name)
Member, Committee on Awards*

*(Signature over printed name)
Member, Committee on Awards*

*(Signature over printed name)
Member, Committee on Awards*

*(Signature over printed name)
Chair, Committee on Awards*

*(Signature over printed name)
President, Component Medical Society*