

APPENDIX B

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

To : *The PMA Committee on Awards*

From : *Name of Component Medical Society:* _____

Name of Specialty Division: _____

Name of Subspecialty Society: _____

Name of Affiliate Society: _____

Date : _____

We respectfully nominate _____, MD

for the _____ (name of the award) who is a member in good

standing with no pending criminal case in the 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)
Chair, Committee on Awards

(Signature over printed name)
President, Component Medical Society