

2019 Caduceus Society Award – "Selected by your peers in recognition of your outstanding contribution to humanity"

The *Caduceus Society* of the CentraCare Health Foundation is dedicated to improving the health of our community through support of education, research and healthcare initiatives. Its vision is to be recognized by all medical staff as a unique philanthropic contributor to support health care needs.

As a way for physicians to honor and recognize outstanding work of physicians in Central Minnesota, we have developed the *Caduceus Award*. The award will be presented to an individual(s) whom has demonstrated outstanding leadership, humanitarian and/or charitable medical efforts for their community or Central Minnesota region.

ELIGIBILITY:

- Physician, Dentist or Podiatrist has demonstrated outstanding leadership, humanitarian and/or charitable medical efforts.
- Any Physician, Dentist, or Podiatrist in the Central Minnesota region who is a member or past member of the medical staff of a hospital or surgical center within the region.
- Nominee does not have to be a Caduceus Society member.

NOMINATIONS:

- ♦ The nomination must be submitted by **June 14, 2019**, to be considered for this 2019 year's award.
- The applicants will be evaluated and selected by past award recipients and the Caduceus Society Committee. Additional information about the nominated applicants may be requested.

TIMELINE: 2019 Caduceus Society Award

- ♦ June 14, 2019: Deadline for submission of nominations.
- October 3, 2019: Award Recipient presentation at CentraCare Health Foundation's *La Gratitude* at the Park Event Center.

Name of Nominee: Name of Hospital or Surgical Center where candidate served on the Medical Staff: (i.e. St. Cloud Hospital, Melrose, etc.) Reasons for Nomination:

(If unknown please leave blank) Leadership: Volunteer Efforts: Humanitarian Medical Efforts: Charitable Efforts: Nominator Information: (Nominations must be made by or supported by a physician) Name: _____Phone: _____ If Nominator is not a physician, please list name and signature of supporting physician below: Physician Name:______ Signature:______ Signature:_____

Please list specific examples in the following categories for your nominee:

Please forward Nomination in Confidence to: CentraCare Health Foundation c/o Caduceus Award Committee 1406 Sixth Avenue North St. Cloud, MN 56303