



2023 VASM J. Catesby Ware, PhD Physician Recognition Award Application

To be considered for the award, the nominee must be a current VASM member in good standing. The VASM Award committee will review each application and the recipient will be notified by email.* The VASM Board will present the award to the recipient at the VASM Annual Conference in Richmond and it will be announced on the VASM website.

Application Process

1. The **VASM J. Catesby Ware, PhD Physician Recognition Award Application** must include:
 - a. Completed application
 - b. Nominee's CV
2. The completed application must be received by the VASM **no later than October 2, 2023.**
3. Send the required information to:

VASM Physician Award Committee

Virginia Academy of Sleep Medicine
c/o Susan McConnell, Society Manager
smcconnell@ramdocs.org

**The winner will be notified as soon as possible to allow for arrangements to attend the annual meeting.*

Please note: Applications with questions left unanswered will be deemed incomplete and will be eliminated automatically from consideration.



2023 VASM J. Catesby Ware, PhD Physician Recognition Award Application

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|--------------|--|
| NAME OF NOMINEE: | | CREDENTIALS: | |
| # OF YEARS IN PRACTICE | | | |
| NOMINEE CONTACT INFORMATION | | | |
| E-MAIL: | | | |
| PHONE (H): | | | |
| PHONE (M): | | | |
| PRACTICE NAME: | | | |
| NOMINEE INFORMATION | | | |
| HOW HAS THE NOMINEE'S SERVICE IMPACTED THE HEALTH OF THE POPULATION SERVED? | | | |
| | | | |
| WHAT, PRECISELY, MAKES THIS NOMINEE SPECIAL? | | | |
| | | | |
| PLEASE LIST & EXPLAIN ACTIVITIES, ACHIEVEMENTS, & CONTRIBUTIONS THAT DEMONSTRATE THE NOMINEE'S COMMITMENT TO HEALTH CARE. | | | |
| | | | |
| PLEASE PROVIDE ANY ADDITIONAL COMMENTS OR INFORMATION YOU FEEL WOULD BE BENEFICIAL TO THE SELECTION PANEL. | | | |
| | | | |

I KNOW THE NOMINEE TO HAVE UPHELD THE PROFESSIONAL STANDARDS AND ETHICS OF THE VIRGINIA ACADEMY OF SLEEP MEDICINE THROUGHOUT HIS/HER CAREER.

SIGNATURE OF NOMINATOR

NOMINATOR NAME

NOMINATOR EMAIL

DATE: