

Oregon Society of Medical Assistants

Awards Competition Entry Form



GENERAL INFORMATION

Along with this entry form please include the following:

- Detailed statement of accomplishments
- Nominees' professional CV or resume
- Letters of commendation (minimum of two)

DIRECTIONS AND DEADLINE

Scan and email completed entry form and all required documents to: *Paula Purdy, CMA (AAMA), OSMA President Elect*
pcpurdy0926@gmail.com

Deadline, March 1st

Late or incomplete entries will be disqualified. **PRINT legibly.**
This entry is being submitted by:

SUBMITTER OR NOMINATOR

Name (*Must be an OSMA representative or employer.*)

Title

Address

City, State, Zip

Day Phone

Evening Phone

ENTRY CATEGORIES

Use a separate form for each submission. You may photocopy this form.

Check only one category per form.

- ____ Medical Assistant of the Year
____ Outstanding Educator of the Year
____ Johnny Adamson Service Award
____ Community Service Award

NOMINEE FOR THE AWARD

Name, Including Credentials
(*Must be an OSMA representative or employer.*)

Nominee's Address

State, Zip _____ City,

Day Phone Number

Evening Phone Number



All entries must be submitted by the deadline stated above.