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### Nominations for 2023 Health Angel Award

Nominations are now being accepted for the Saginaw County Medical Society **Health Angel Award**. Established in 2009 by **Dr. Debasish Mridha**, the Health Angel Award is awarded to a non-physician who lives and/or works in Saginaw County and has added to the improvement of the health care field in Saginaw County. **Nominations will be accepted from SCMS members only.**

Consideration will be given to all listed below:

- A member (or group of members) from a company, institution, organization or agency that has reached beyond its normal sphere of business to implement a response to a community health problem.
- A volunteer who devotes time, skills, and/or resources to assisting others and/or contributing to the betterment of healthcare.
- An individual that is not a direct provider of patient care that has demonstrated the desire and willingness to use his or her knowledge and abilities to improve the health of the local community.
- A non-physician who may be a direct provider of healthcare (nurse, physician assistant, dentist, pharmacist, midwife, social worker, paramedic, physical therapist, etc.) who personifies the ideals of their profession and has repeatedly demonstrated activities that have gone "above and beyond," contributing in significant ways to the betterment of healthcare locally.

The deadline for nominations is **Friday, April 14, 2023**. The winner will be presented the award and a check to their favorite charity at the Tuesday, May 16, 2023, SCMS Annual Membership Meeting.

Selection guidelines state that consideration will be given based on the nominee's involvement, initiative and the need for their service. In addition, consideration will be given to the nominee's affiliations, accomplishments, leadership, effectiveness and generosity of time and spirit.

Please nominate a deserving individual by completing and returning the nomination form.

### **"Saginaw County Medical Society Health Angel Award"** **2023 NOMINATION FORM**

Name of Nominee \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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*\*Must be SCMS member*

Phone \_\_\_\_\_ Email \_\_\_\_\_

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