

Direct: 805-641-9800
Fax: 805-641-9008
Email: vcmrhf@vcmrhf.org
Website: VCMRF.org



Ventura County Medical Resource Foundation is now accepting nominations for the **24th Annual David Fainer/Leo Tauber, MD Awards**

Criteria for Nominees

These awards recognize outstanding community contributions by those directly involved in the delivery of health care in Ventura County who, through professional, charitable and public service activities, have demonstrated they exemplify Dr. David Fainer and Dr. Leo Tauber's ideals of generosity, excellence and integrity. The Selection Committee will consider the nominee's community involvement, leadership, dedication, and the significance of his or her activities to the community.

Nomination For:

Please (✓) check the box of the category for which you are nominating.

- | | |
|--|--|
| <input type="checkbox"/> Hospital Physician – Board certified physician, who works in a hospital. | <input type="checkbox"/> Oral Health Specialist – dentist, endodontist, periodontist, orthodontist. |
| <input type="checkbox"/> Community Physician – Board certified physician, who works in the community. | <input type="checkbox"/> Vision Care Specialist – optometrist, ophthalmologist. |
| <input type="checkbox"/> Hospital Nurse – a nurse practitioner (NP), registered nurse (RN) or LVN who works in a hospital. | <input type="checkbox"/> Behavioral/Mental Health Professional |
| <input type="checkbox"/> Community Nurse – NP, RN or LVN who works outside of a hospital. | <input type="checkbox"/> Allied Health Professional – a person or company who works in the health care field. |
| <input type="checkbox"/> Community Service Award – An individual or organization that has provided services that have had a positive impact in the health of the patient. | <input type="checkbox"/> Trailblazer Award - an individual or an organization that has made significant contributions to our community in the field of health care. |

Please Return By November 11, 2016

Nominee's Information

Nominee's Name: _____

Current Employment: _____

Nominee's Daytime Phone: _____

Nominee's Email: _____

Nominee's Address: _____

Nominator Information

Nominated By: _____

Signature: _____

Email: _____

Phone: _____

PLEASE TURN OVER ►

