



**FMAA**  
 FLORIDA MEDICAL ASSOCIATION ALLIANCE

**FMA ALLIANCE PRIDE IN PARTNERSHIP  
 AWARD**  
*Honoring the partnership of the medical  
 marriage*

**Nomination Form**

The Pride in Partnership award was established in 2000 to honor physicians and their spouses who, through their volunteer efforts, have together made significant contributions to organized medicine and to the healthcare and/or health education of their communities.

This award is meant to recognize and honor the great good that so often arises from this union that is so often overlooked. This is one of the highest honors that we bestow on our members and their spouses.

**Criteria for Pride in Partnership Award**

1. One or both of the partners must be in good standing of FMA Alliance.
2. The parties nominated must be a married couple or in a committed life partnership relationship.
3. Both parties must have evidenced singular, outstanding contributions to organized medicine through their activity with the county medical society, county alliance or the FMA and the FMA Alliance. It is not a requirement that either party should have been county or state officers in the medical society and alliance.
4. The physician and spouse must have both evidenced singular, outstanding contributions to their local community (whether jointly or separately) in the areas of health care, health education, or legislative activity dealing with the health and well-being of the residents or medical families in their community, members of the FMA Alliance or citizens of Florida.

Entries must include a descriptive statement of the nominees' activities which you feel qualify them for this award. Please try to eliminate any reference to the candidate's identity (name, county, etc.) in the descriptive.

Name of Couple 1. \_\_\_\_\_ 2. \_\_\_\_\_

County of Residence \_\_\_\_\_

Person Completing Form Phone/Cell \_\_\_\_\_

Email \_\_\_\_\_

Please provide a cover letter and supporting documentation.

Applications must be submitted by August 31.

Applications will be judged by the FMA Alliance Awards Committee.

**Submit application to: [info@myfmaa.org](mailto:info@myfmaa.org)**

Florida Medical Association Alliance  
 P. O. Box 353  
 Winter Park, FL 32790