

# **Nomination for the John F. Beard Award for Compassionate Care**

**Nominee** \_\_\_\_\_

**Nominating Group or Person** \_\_\_\_\_

**Please provide a two or three sentence statement explaining why you believe the nominee represents the principle of providing the most significant, meritorious and devoted service to the Medical College of Georgia patients.**

**Upon consideration of the nomination by the Individual School Selection Committee, you may be asked to provide additional background information.**

**Please return to the Academic Council by March 1, 2005  
MCG Faculty Office, AB149-A  
Augusta, Georgia 30912-4320**