

# **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. Please note: off campus activities will be considered but will not be the focus for the decision.**

**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 7, 2008  
MCG Faculty Office, AA 309  
Augusta, Georgia 30912**