For best results, download this PDF to your computer and complete the form as directed.

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MMS AWARDS PROGRAM
COMMITTEE ON RECOGNITION AWARDS
INSTRUCTIONS

1. Nominees for all MMS Awards must practice medicine in or reside in Massachusetts and be a member of the MMS in good standing. Exceptions may be made with regard to MMS membership if warranted.
2. Candidates may be nominated for more than one award.
3. Nominations for the following awards should be presented on the attached form.
4. The sponsor's statement and two MMS member endorsement letters should be of not less than 50, nor more than 250 words.
5. Please attach the candidate's curriculum vitae (maximum 5 pages) with the nomination materials.
6. Please submit nominations as follows:

Award	Deadline	Send materials to:
• MMS Lifetime Achievement Award • Special Award for Excellence in Medical Service • Award for Distinguished Service to the Massachusetts Medical Society	January 8, 2027	Karen Harrison kharrison@mms.org 781-434-7463

If you have questions regarding the nomination process, contact Karen Harrison at kharrison@mms.org, or visit the website www.massmed.org/awards.

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MMS AWARD NOMINATION FORM
COMMITTEE ON RECOGNITION AWARDS

Date of Submission:

Nominee:

Sponsor Name: **Title:**

Email: **Telephone:**

MMS Member Endorsement Letters:

Name: **Title:**

Name: **Title:**

Choose Award(s):

☐ **MMS Lifetime Achievement Award** – Recognizes a Massachusetts physician for lasting contributions to the practice of medicine and service to the Society. The recipient receives a $5,000 honorarium. Each nominee must have made a lasting contribution to the practice of medicine over the course of his or her lifetime in the areas of health care delivery, patient care, education, or administration.

☐ **Special Award for Excellence in Medical Service** – Recognizes a Massachusetts physician who has made a remarkable demonstration of compassion and dedication to the medical needs of patients and/or a community or has demonstrated a significant act of heroism.

☐ **Award for Distinguished Service to the Massachusetts Medical Society** – Recognizes a member of the MMS who has made significant contributions to the goals of the Society through demonstrated leadership, member recruitment, committee work, or other endeavors.

☐ **I understand that the Committee on Recognition Awards reserves the right to consider candidates for awards other than the ones for which they have been nominated.**

(For information or nomination forms for other MMS awards, visit www.massmed.org/awards.)

Nominee's Information

Nominee's Name:

Address:

Telephone:

Email:

MD Degree: School:

Year:

Specialty and Board Certificate:

MMS Membership: ◯ Yes ◯ No

Principal Professional Memberships, Honors, Awards, Faculty Appointments, and/or Research

(Please list additional information not included in the nominee's CV.)

(Nominee name)

Sponsor's Narrative Statement
(Describe nominee's accomplishments and contributions using not less than 50 or more than 250 words)

Sponsor name

Sponsor title

(Nominee name)

Endorsement I from an MMS Member
(Not less than 50 or more than 250 words)

Endorser name

Endorser title

(Nominee name)

Endorsement II from an MMS Member
(Not less than 50 or more than 250 words)

Endorser name

Endorser title