



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## Senior Volunteer Physician of the Year Award

Date of Submission:

Sponsor Name:

Telephone:

Email:

### NOMINEE'S INFORMATION

Nominee's Name:

Address:

Telephone:

Email:

MMS Membership:  Yes  No

### ORGANIZATION WHERE NOMINEE VOLUNTEERS

Organization name:

Address:

Telephone:

Email:

Nominee name:

## **VOLUNTEER ACTIVITIES**

Describe the volunteer activities of the nominee and why you think he or she is deserving of this award. Be specific to distinguish volunteer responsibilities from other clinical duties the physician may perform. Include how long the physician has been performing these volunteer activities and approximately how many hours per week or month the physician devotes to this volunteer activity.

In keeping with the Committee on Senior Volunteer Physicians' mission to fulfill the health and education needs of patients throughout Massachusetts, consideration will be directed toward efforts involving direct patient care. The volunteer work must occur in Massachusetts.

The nominee must be an MMS member 60 years of age or older.

Please send nominations to:  
Chew-Hoong Koh at [ckoh@mms.org](mailto:ckoh@mms.org)

If you have questions regarding the nomination process, visit [massmed.org/awards](https://massmed.org/awards)  
or contact Chew-Hoong Koh at [ckoh@mms.org](mailto:ckoh@mms.org) and (781) 434-7312.

**The deadline for submitting nominations is December 14, 2024.**

**Please save the completed form to your computer, attach to an email, and email as indicated.**