

North Carolina Medical Group Management Association

2024 Administrator of the Year - Nomination Form

Candidate's Name: _____

Medical Practice Name: _____

Phone: _____ Email: _____

President/Lead Physician/Owner Name & Contact Information: _____

NCMGMA Questions: 20 points

Candidate Form: 60 points

Letters of Support – 20 points

1. NCMGMA Questions

How long has the Nominee been an NCMGMA member? _____

How many conferences/local chapter events has the Nominee attended within the last two years? _____

Please list all NCMGMA Board or Committee leadership positions held:

2. Candidate Form

2a. Please provide a description of how the Nominee has demonstrated a commitment to the profession.

2b. Please provide a description of the Nominee's ability to collaborate with other team members by implementing a recent, noteworthy activity or series of activities.

2c. Please provide a description of the Nominee’s noteworthy management activity or activities, including goals and outcomes.

2d. Please provide a description of the Nominee’s role in carrying out the activity.

2e. What does the Nominee contribute to the business of healthcare through education and advocacy for the healthcare community?

2f. What does the Nominee contribute to the local healthcare community?

3. Letters of Support

3a. Attach letters or send emails from physicians, superiors, colleagues (other administrators or managers) and/or staff testifying to the achievement and supporting the nomination – no more than 3 letters/emails. Please send these to Melissa@ncmgm.org.

3b. Attach a description of the Nominee’s professional credentials and background (CV).