

# E. Harvey Estes, MD

## Physician Community Service Award

Nomination Form

## Qualifications

1. The recipient must be a physician licensed in North Carolina.
2. The recipient must be living.
3. The recipient must not have received the Award previously.
4. The recipient must have compiled an outstanding record of community service, which, apart from his/her specific identification as a physician, reflects well on the medical profession.

**All nominations must be received by June 1, 2024.**

Submit to Evan Simmons at [esimmons@ncmedsoc.org](mailto:esimmons@ncmedsoc.org).

# Physician Community Service Award Nominee Personal Data Sheet

**Name**

**Telephone**

**Office address**

**E-Mail**

**Education**

*(list colleges attended, degrees and dates received, special honors, etc.)*

**Medical Organizations**

*(include offices presently held or held in the past—specify dates)*

**Civic Organizations and Community Activities**

*(include offices presently held or held in the past —specify dates)*

**Remarks**

**Nomination Submitted by**

**Email**

**Telephone**