

**Wisconsin Society of Medical Assistants
Application Form for Medical Assistant of the Year Award**

1. Name of nominee _____
2. Address of nominee _____
3. Employer _____
4. Employer's address _____
5. Years nominee has been a member of AAMA _____
6. List of offices or committees nominee has served on the national, state or local level

7. What outstanding contribution has the nominee made to the field of medical assisting?

8. What community activities is the nominee involved with? _____

9. What chapter is the nominee with? _____
10. Has this nominee been a recipient of this award in the past 10 years? Yes No

Chapter Endorsement

The _____ Chapter of the Wisconsin Society of Medical Assistants endorses _____ for the Medical Assistant of the Year Award of the Wisconsin Society of Medical Assistants.

Date _____

Signature of Chapter President or Designee endorsing the Nominee

Mail completed application to:
Awards Chairman
JoAnn Steffens CMA (AAMA)
637 E. Doty Ave
Neenah, WI 54956
Email: joannesteffens@att.net