

**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

<p><b>Mail Completed Application to:</b> Awards Chairman Kim Cooper, CMA(AAMA) 242 Grand Ave Brillion WI 54110 Email: kimberly.coop84@gmail.com</p>
---