



T A P A
TENNESSEE ACADEMY OF
PHYSICIAN ASSISTANTS

TAPA Awards Nomination Form

Nominee Information

Award Category (*circle one*): PA of the Year Preceptor of the Year Student of the Year PA/Physician Team of the Year

Nominee Name _____ Address _____

City, State, Zip _____ Phone _____ E-mail _____

PA Program Attended _____ Year of Graduation _____ Years Practicing _____

Specialty _____

Employer _____ Supervising Physician _____

Qualifications

1). List accomplishments as a clinician and administrator. _____

2). List accomplishments in professional involvement at an institutional, local, state or national level. _____

3). List involvement in community service. _____

4). List activities that have furthered the image of the PA profession. _____

5) Please attach up to 5 pages of supporting material.

Nomination submitted by _____

Phone _____ Email _____