NORTH CAROLINA ACADEMY OF FAMILY PHYSICIANS

2026 NC Distinguished Family Physician of the Year

Physician Nomination Form (Please type or write clearly)

Your Name: _____ Date: _____

Your Email: _____

Physician's Name: _____

Physician's Practice City/Town: _____

Relationship to Physician: ☐Patient ☐Professional Colleague ☐ Friend / Family

Practice Type
- ☐ Solo
- ☐ FP Group
- ☐ Multispecialty Group
- ☐ HMO
- ☐ Other

In 500 words or less, please tell us why you consider this physician a nominee for Distinguished Family Physician of the Year.

Return to: Greg Griggs, NCAFP Executive Vice President no later than Friday, October 2, 2026
Via E-Mail at ggriggs@ncafp.com

Describe how the nominee provides the community with compassionate, comprehensive and caring medical services on a continuing basis.

Please describe if the nominee is directly and effectively involved in community affairs and activities that enhance the quality of life in his/her home area.

Describe how the nominee provides a credible role model, emulating the family physician as a healer and human being to his/her community.

In addition to answering these questions, please provide a minimum of two letters of support from patients, colleagues, etc.