General Information
Along with this entry form please include the following:
- Detailed statement of accomplishments
- Nominee’s professional and AAMA CVs
- Letters of commendation (minimum of two)

Directions and Deadline
Scan and email completed entry form and all required documents to: Paula Purdy, CMA (AAMA) paula@trustmedx.com

Deadline March 10, 2020
Late or incomplete entries will be disqualified. PRINT legibly.

This entry is being submitted by:

Submitter or Nominator
____________________________________________________
Name (Must be an OSMA Member)
____________________________________________________
Title
____________________________________________________
Address
____________________________________________________
City, State, Zip
____________________________________________________
Day Phone
Evening Phone
____________________________________________________
Name of Submitting Chapter (If applicable)
____________________________________________________
Chapter President, Including Credentials

Entry Categories
Use a separate form for each submission. You may photocopy this form.

Check only one category per form.

- Medical Assistant of the Year
- Outstanding Educator of the Year
- Betty Hill Outstanding Service Award
- Professional Achievement Award
- Community Service Award

Nominee for the Award

Name, Including Credentials (Must be an OSMA Member)
____________________________________________________
Nominee’s Address
____________________________________________________
City, State, Zip
____________________________________________________
Day Phone Number
Evening Phone Number

All entries must be submitted by the deadline stated above.