Malcolm C. Grow Flight Surgeon of the Year Nomination Form



Nomination must be routed through MAJCOM who will then submit their nominee niraj.govil.1@us.af.mil Comm (937) 938-3097 to: Col Niraj Govil Nominator **RANK** FIRST NAME LAST NAME **EMAIL** BASE **MAJCOM Nominee RANK** FIRST NAME LAST NAME **EMAIL CURRENT BASE DUTY TITLE AFSC** AERO **FLIGHT** RATING **HOURS** AIRCRAFT TYPES AWARDS/DECORATIONS

SCHOOL

YEAR

DEGREE

POST GRAD TRAINING PROGRAM (Max 3)	LOCATION	YEAR
SPECIALTY BOARD CERTIFICATION		YEAR
DATE COMPLETED AEROSPACE MEDICINE PRIMARY COURSE		
PREVIOUS ASSIGNMENTS (JOB TITLE/LOCATION - list 5 most rece	ent) DATE	S (MON/YR-MON/YR)
PUBLICATIONS (TITLE)	CITATIONS	
Award Criteria -The intent of this award is to recognize out surgeons. The nominee should have demonstrated an outstal indicated by unusual rapport with operators and by exceptionganization. The nominee should have a documented recordaeromedical support of operators. Recognition and control of improvement of medical service to operators, or an investigible health or safety of a group of operators would warrant constant on Nomination Narrative - please submit for accomplishments in One-page letters of endorsement are required from the MTF be electronic, Times New Roman, 12 font.	nding concern for operat ionally effective support d of outstanding achieve of aeromedical hazards f gative project promising sideration in the past calendar year	ional personnel as of an operational ment in the faced by operators, improvement in the
NOMINATOR SIGNATURE		DATE

