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Ventura County Medical Resource Foundation is now accepting nominations for the **27th Annual Leo Tauber/David Fainer, MD Awards**

Criteria for Nominees

These awards recognize outstanding community contributions by those directly involved in the delivery of health care in Ventura County who, through professional, charitable and public service activities, have demonstrated they exemplify Dr. Leo Tauber and Dr. David Fainer's ideals of generosity, excellence and integrity. The Selection Committee will consider the nominee's community involvement, leadership, dedication, and the significance of his or her activities to the community.

The list of past award recipients can be found on VCMRF's website at
<https://vcmrp.org/Past%20Award%20Recipients%20.pdf>

Nomination For:

Please (✓) check the box of the category for which you are nominating.

- | | |
|---|--|
| <input type="checkbox"/> Hospital Physician – Board certified physician, who works in a hospital. | <input type="checkbox"/> Behavioral/Mental Health Professional |
| <input type="checkbox"/> Community Physician – Board certified physician, who works in the community. | <input type="checkbox"/> Oral Health Specialist – dentist, endodontist, periodontist, orthodontist, pediatric dentist, oral surgeon. |
| <input type="checkbox"/> Nurse – a nurse practitioner (NP), registered nurse (RN) or LVN who works in or outside of a hospital. | <input type="checkbox"/> Vision Care Specialist – optometrist, ophthalmologist. |
| <input type="checkbox"/> Community Service Award – An individual or non-profit organization that has provided services that have had a positive impact in the health of the patient. | <input type="checkbox"/> Allied Health Professional – a person or company who works in the health care field. |
| | <input type="checkbox"/> Trailblazer Award - an individual or an organization that has made significant contributions to our community in the field of health care. |

Please Return Promptly

Nominee's Information

Nominee's Name: _____
Current Employment: _____
Nominee's Daytime Phone: _____
Nominee's Email: _____
Nominee's Address: _____

Nominator Information

Nominated By: _____
Signature: _____
Email: _____
Phone: _____

PLEASE TURN OVER ►

