**2021 Exemplary Psychiatrist Awards**

NAMI is now accepting nominations for the 2021 Exemplary Psychiatrist Awards. This awards program allows NAMI members, NAMI Affiliates in good standing and NAMI State Organizations throughout the country to honor publicly the extraordinary contributions that many psychiatrists make to improve the lives of people affected by mental illness.

To be considered for the 2021 Exemplary Psychiatrist Awards, an individual must have set an example for his or her professional colleagues. NAMI would like to be sure to recognize those psychiatrists who have made substantial contributions to NAMI Affiliate or NAMI State Organization activities. These are the doctors who have “gone the extra mile” with NAMI members in ways such as:

* Working alongside NAMI members for access to care, research, funding or other NAMI priorities
* Ensuring that the NAMI perspective helps shape state and local services
* Providing comprehensive treatment to people with mental illness, including medical, rehabilitative and social needs
* Educating family members and/or people with mental illness
* Educating the public and fighting against prejudice and discrimination

Nominees must not have received this award in previous years. For a listing of all previous award winners, please go to [www.nami.org/EPA](http://www.nami.org/EPA).

Award winners will receive a certificate and an award from NAMI. **Nominating NAMI Affiliates or NAMI State Organizations are encouraged to hold local award recognition events for winning psychiatrists. NAMI will also recognize the Exemplary Psychiatrists in the digital program for this year’s Virtual NAMICon 2021, our annual convention, July 27–28.**

**THE DEADLINE FOR SUBMITTING NOMINATIONS IS FRIDAY, MARCH 26, 2021.**

**Incomplete applications will not be accepted.**

# Guidelines for Nominations

Nominations should be submitted by or through a NAMI State Organization or NAMI Affiliate in good standing. All submissions must be via email. The electronic submission must be sent from the email address of a board officer or the executive director of the NAMI State Organization or NAMI Affiliate. Members may make personal nominations, but those nominations will need to be sent from the email of a NAMI State Organization or NAMI Affiliate board officer or executive director. For more information about this program, please visit [www.nami.org/epa](http://www.nami.org/epa) or contact Teri Brister at [tbrister@nami.org](mailto:tbrister@nami.org).

Please complete the form below detailing the ways in which you believe this person has fulfilled the Exemplary Psychiatrist Awards criteria listed. Feel free to attach brief documentation that helps explain your nomination.

Please make sure to fill out **ALL** contact information accurately, both for the nominee and for the NAMI Affiliate or NAMI State Organization. Post office boxes are not acceptable. NAMI needs street addresses to facilitate the mailing of awards.

**Email all completed nominations with attachments to** [tbrister@nami.org](mailto:tbrister@nami.org) **as either a Microsoft Word or PDF file.**

**REMEMBER:**

* Nominations can **ONLY** be made by or through a NAMI State Organization or a NAMI Affiliate in good standing.
* Nomination forms must be completed in their entirety, including all contact information.
* Nominations must be **received** by NAMI no later than **March 26, 2021.**

Thank you for participating in this important NAMI activity!

### NOMINATION FORM — 2021 Exemplary Psychiatrist Awards

#### Due March 26, 2021

Nomination forms must be filled out completely and accurately.

Incomplete forms will not be considered.

Please call the psychiatrist you are nominating and confirm correct spelling of name, title and mailing information **BEFORE SUBMITTING.**

**Nominee Information** (Please type or print legibly if scanning)

Psychiatrist’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (example MD, PhD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMI State Organization or NAMI Affiliate Information** (Please type or print legibly)

Person Completing

Form (Nominator):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMI Affiliate or

NAMI State Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *In the event the Exemplary Psychiatrist Award is given to your nominee, please indicate below if the NAMI Affiliate or NAMI State Organization would like the award sent to its office to present the award or if NAMI should mail it directly to the psychiatrist.* |
| * Please send award to the NAMI Affiliate or NAMI State Organization indicated above. |
| * Please send award directly to the Exemplary Psychiatrist. |

**As the nominator, I give permission for the content of this nomination to be used for public relations purposes, including release to the media.**

**Select one: \_\_ Yes \_\_ No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT OR TYPE NAME OF NOMINATOR HERE**

**By emailing this nomination, the NAMI Affiliate or NAMI State Organization Board Officer or Executive Director attests to the authenticity of this nomination and approves its submission.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT OR TYPE NAME AND TITLE OF OFFICER OR EXECUTIVE DIRECTOR HERE:**

**GO TO NEXT PAGE FOR NOMINATION QUESTIONS**

**NOMINATION QUESTIONS**

**Please use the spaces provided below to document the necessary criteria for this award. If needed, please feel free to use additional space to capture the information.**

* Describe the nominee’s work alongside NAMI members for access to care, research, funding or other NAMI priorities:
* Describe how the nominee works to ensure that the NAMI perspective helps shape state and local services:
* Give examples of how the nominee provides comprehensive treatment to people with mental illness, including medical, rehabilitative and social needs:
* How does the nominee educate family members and/or people with mental illness?
* How does the nominee educate the public and fight against prejudice and discrimination?