



## CIRCLE OF EXCELLENCE AWARD

*The Center Of Excellence Award is given to a deserving provider who exemplifies compassion and dedication to care of the metabolic and bariatric surgery patient, as well as executes the visions and goals of the integrated health science section.*

To view award description and criteria, please click the link below:

<http://asmbs.org/circle-excellence-award>

### Nominator:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MBS Program/Facility: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of ASMBS Membership:**  Regular Member  Fellow  Senior Fellow

Active Military Fellow  Affiliate Surgeon/Physician  Associate, IH

Affiliate Associate, IH  Other: \_\_\_\_\_

### Nominee:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MBS Program/Facility: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Healthcare Provider:  Surgeon/Physician  Nurse  Dietitian

Advanced Practice Provider (NP, PA, CNS, RNFA)  Exercise physiologist (PT, OT, other)

Behavioral health provider (Psychologist, Mental health clinician, Social Worker, other)

Other (please indicate): \_\_\_\_\_

**Optional:** To expedite the nomination process please feel free to upload any supporting documents and/or provide a link to supporting documents to support your nomination, if applicable.

### Criteria (Please check all applicable criteria):

#### Education Criteria

Contributed educational content to Integrated Health Section Meetings, such as ASMBS Weekend and/or The ASMBS Annual Meeting. *Content may be in the form of presentations or participation in the planning and development of the education courses.*

Effectively served and actively participated on an ASMBS Integrated Health Section Committee (specify committee/s): \_\_\_\_\_

Other: \_\_\_\_\_

Research Criteria

- Contributed to the *Surgery for Obesity and Related Diseases (SOARD)* the official scientific journal of the ASMBS or an equivalent
- Presented an abstract at the annual meeting
- Awarded an ASMBS Integrated Health Research Grant
- Other: \_\_\_\_\_

Patient Criteria

- Provides excellent care which significantly impacts the patient
- Other: \_\_\_\_\_

Public Awareness Criteria

- Contributed significant effort in planning, developing, and/or implementing the following
  - Development or involvement in public programs (support groups, exercise groups, etc.)
  - Development of patient educational materials
  - Participates in access to care activities (Hill visits, letters to congressman, etc.)
  - Organized a *Walk for Obesity Event*
  - Other: \_\_\_\_\_

Personal Qualifications

- An ASMBS member in good standing
- Participates or has participated at a visible level within the ASMBS
- Dedicated and loyal service to the Integrated Health Sciences Section
- Respected and Admired
- Compassionate
- Other: \_\_\_\_\_

Narrative – 250 word limit (please include any other relevant information about the nominee):

---

---

---

---

---

ASMBS members please [review the criteria](#) and send your nominations to Jennifer Wynn at [jennifer@asmbs.org](mailto:jennifer@asmbs.org). Please include a brief statement describing how your nominee meets the criteria.