

MEFOMP AWARD NOMINATION FORM 2025 OUTREACH & ENGAGEMENT AWARD

Nominee Details

First Name:	Surname:
Nominee's Work Address:	
Nominee's Phone Number:	
Nominee's Phone Number.	
Nominee's Email Address:	
Nominating Authority (Medical Physics Society or Association in the country):	
President/Head of the Organization:	
Name:	_ Signature:



Criteria Award

nominee meets the following award criteria. If possible, provide examples to support the statements. (Please limit response to space provided) Please attached CV (maximum 2 pages only)

When making your nomination, please provide short statements describing how the