



Lehigh County Medical Society

1620 Highland Street, Allentown, PA 18102-1033
Ph (610) 437-2288 - FAX (610) 437-0910 - email: lcmedsoc@rcn.com
Website: www.lcmedsoc.org

The mission of the Lehigh County Medical Society is to encourage physicians and healthcare professionals to have the highest moral and ethical standards; to counsel and censure them when necessary; to serve as a strong and united voice for our Lehigh County physicians, our patients and our community; to promote healthful living and well-being and to advance the highest standards of healthcare and service in our region through education, service and advocacy.

The Lehigh County Medical Society Announces that it is accepting nominations for the Humaneness in Medicine Award

Nomination Deadline, February 1, 2021

The objective of the award is to highlight and reinforce the significance of humanistic qualities among residents and/or fellows of all specialties in Lehigh County. The existence of a caring, compassionate culture in the educational environment serves as positive reinforcement to prospective physicians of the desirability of such virtues in the doctor-patient relationship.

This award is presented to the resident or fellow who has best displayed the Lehigh County Medical Society's ideals of outstanding compassion in the delivery of care, respect for patients, their families, and healthcare colleagues, as well as demonstrated clinical excellence.

Nomination Procedure:

A complete nomination packet will include the nomination form, the nominee's Curriculum Vitae and a letter of support from a medical student, Director of Residency Training, physician colleague, nurse or allied health care professional. Additional information may be requested by the Lehigh County Medical Society, (LCMS). All nominations must be received by the LCMS office no later than February 1, 2021.

Send the nomination packet to, Lehigh County Medical Society: Attention: Residents Award.

The award and certificate will be presented to the winner during our annual social.

Email to: lcmedsoc@rcn.com

Or fax to: 610-437-0910



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The Lehigh County Medical Society Award for Humaneness in Medicine Application:

Full Name of Resident/Fellow Physician being nominated:

MD _____ DO _____ Hospital Affiliations (*List Specialty*):

Resident Physician Nominee Mailing Address, Phone, and E-Mail: (Year of Residency 1 2 3 4 Fellow)

Phone:

E-Mail:

Name of Director of Residency Training:

Hospital:

Phone:

E-Mail:

Describe the reasons for this nomination. Include one or more examples of particular cases. You may forward support letter(s) or additional pages.

The mentioned physician has been nominated for this honor because:

Nominated by:

Print Your Name

Your E-Mail:

Phone

Hospital or Medical School affiliation:

Your Mailing Address: