



Administrator of the Year 2020 Entry Form



This award, sponsored by Curi – A Medical Mutual Company, recognizes a medical group practice administrator affiliated with the North Carolina Medical Group Management Association (NCMGMA). This person has exhibited exceptional leadership management proficiency and enhanced the effectiveness in the delivery of health care in his/her practice and community through a recent, noteworthy achievement.

All nominated candidates will be notified of their nomination. Award recipient will receive:

- An attractive award piece
- \$3,000 in reimbursable funds towards NCMGMA, MGMA and/or ACMPE educational resources
- Public recognition at the NCMGMA Annual Conference (May 13-15, 2020 in Myrtle Beach, SC)
- Promotion through a press release to national trade and consumer media
- Recognition within the NCMGMA community and through the NCMGMA *E-News Blog*

Required Documentation & Judging Requirements: Each nominee should be an NCMGMA member and the nomination should be accompanied by a completed nominations form with Questions & Exhibits listed below. Judging will consist of percentages as listed below.

NCMGMA Questions: 15 points

Candidate Form: 60 points

Letters of Support – 10 points

Nominate yourself or a colleague!

To nominate another administrator, please email Melissa@ncmgm.org. The candidate will be contacted and asked to complete the following application form for consideration.

Email Completed Nominations to: Melissa@ncmgm.org

Mail: NCMGMA Administrator of the Year

1300 Baxter St., Suite 360

Charlotte, NC 28204

Questions? 704-365-0565 or 1-800-753-6462

DEADLINE FOR SUBMISSION: 5PM – MARCH 6, 2020

North Carolina Medical Group Management Association

2020 Administrator of the Year - Nomination Form

Candidate's Name: _____

Medical Practice Name: _____

Phone: _____ Email: _____

President/Lead Physician/Owner Name & Contact Information: _____

NCMGMA Questions: 15 points

Candidate Form: 60 points

Letters of Support – 10 points

1. NCMGMA Questions

How long has the Nominee been an NCMGMA member? _____

How many conferences/local chapter events has the Nominee attended within the last two years? _____

Please list all NCMGMA Board or Committee leadership positions held:

2. Candidate Form

2a. Please provide a description of how the Nominee has demonstrated a commitment to the profession.

2b. Please provide a description of the Nominee's ability to collaborate with other team members by implementing a recent, noteworthy activity or series of activities.

2c. Please provide a description of the Nominee's noteworthy management activity or activities, including goals and outcomes.

2d. Please provide a description of the Nominee's role in carrying out the activity.

2e. What does the Nominee contribute to the business of healthcare through education and advocacy for the healthcare community?

2f. What does the Nominee contribute to the local healthcare community?

3. Letters of Support

3a. Attach letters or send emails from physicians, superiors, colleagues (other administrators or managers) and/or staff testifying to the achievement and supporting the nomination – no more than 3 letters/emails. Please send these to Melissa@ncmgm.org.

3b. Attach a description of the Nominee's professional credentials and background (CV).