



NCMGMA Practice of the Year
Presented by First Citizens Bank



2024 Entry Form

***Know a practice that's doing amazing things in the community? Is it your practice?
Submit a nomination today!***

The North Carolina Medical Group Management Association (NCMGMA) is proud to partner with First Citizens Bank to present the 11th annual **Practice of the Year Award**, to be presented on the evening of Thursday, September 26th at the Benton Convention Center in Winston-Salem during the NCMGMA Fall Conference.

This award recognizes a medical group practice that has made a significant contribution to their community, patients and/or staff through volunteer work, indigent clinics, fundraisers, staff wellness programs, community clean ups, community screenings and education (internal & external), etc....

Award recipient will receive:

- An attractive award piece,
- A donation to be made in the practice's name to their charity of choice,
- Public recognition at the NCMGMA Conference,
- Promotion through a press release to national trade and consumer media, and
- Recognition in the *NCMGMA Quarterly Newsletter and E-News Blog*

To submit your organization for Practice of the Year, please answer the questions either using this form or on a separate sheet. All nominations for this award are due by 5pm on August 16th.

Submit Nominations (Word or PDF) by 5pm on August 16th to:

Email: Melissa@ncmgm.org

Mail: NCMGMA Practice of the Year
1300 Baxter St., Suite 360
Charlotte, NC 28204

Questions? Please call our offices at 704-365-0565 or 1-800-753-6462 or send an inquiry via email to info@ncmgm.org.



North Carolina Medical Group Management Association

2024 Practice of the Year - Nomination Form

Medical Practice Name _____

Main Contact: _____

Phone: _____ Email _____

Exhibit A: Describe what significant contribution(s) your organization has made to the community, your patients and/or staff.

Exhibit B: What impact did this/these contribution(s) have on the community, patients, and/or staff?

Exhibit C: Explain the purpose, goals, and longevity of this/these contribution(s).

Exhibit D: Please detail the level of involvement the practice has given to this/these contribution(s).

Exhibit E: Provide examples of what this/these contribution(s) has returned to the community, patients, and/or staff

Exhibit F: Please share what charity your practice would contribute to, if given the opportunity to win this year's Practice of the Year award, and why.
