CUCI. Administrator of the Year 2025 Entry Form



This award, sponsored by Curi, recognizes a medical group practice administrator affiliated with the Carolinas Medical Group Management Association. This person has exhibited exceptional leadership management proficiency and enhanced 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. The award recipient will receive:

- An attractive award piece,
- \$2,500 in reimbursable funds towards Carolinas MGMA, MGMA and/or ACMPE educational resources,
- Public recognition at the Spring Conference (May 14-16, 2025 in Wilmington, NC),
- Promotion through a press release to national trade and consumer media,
- Recognition within the Carolinas MGMA community and through the *E-News Blog*.

<u>Required Documentation & Judging Requirements:</u> Each nominee should be a Carolinas MGMA member and the nomination should be accompanied by a completed nomination form with Questions & Exhibits listed below. Judging will consist of percentages as listed below.

## Carolinas MGMA Questions: 20 points Candidate Form: 60 points Letters of Support – 20 points

## Nominate yourself or a colleague!

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

Email Completed Nominations to: <u>Melissa@carolinasmgma.org</u> Mail: Carolinas MGMA Administrator of the Year 1300 Baxter St., Suite 360 Charlotte, NC 28204

## 2025, DEADLINE FOR SUBMISSION: 5PM – MARCH 21

Candidate's Name:	
Medical Practice Name: _	
Phone:	Email:
President/Lead Physician	Owner Name & Contact Information:
Carolinas MGMA Qu	estions: 20 points   Candidate Form: 60 points   Letters of Support – 20 points
	tions – for the purpose of this section, please share your membership an NCMGMA/SCMGMA/Carolinas MGMA member.
How long has the Nomine	e been a member?
How many conferences/le years?	ocal chapter events has the Nominee attended within the last two
Please list all Carolinas M	GMA Board or Committee leadership positions held:
2. Candidate Form	
2a. Please provide a desc profession.	ription of how the Nominee has demonstrated a commitment to the
•	ription of the Nominee's ability to collaborate with other team members oteworthy 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 <u>Melissa@carolinasmgma.org</u>.

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