



ALDERSON-BROADDUS COLLEGE
HU C. and AVANELLE MYERS AWARD

1. Purpose

The purpose of this award is to recognize achievement and leadership in the physician assistant profession by an Alderson-Broaddus College graduate. The award may be presented at an event during the AAPA's Annual Meeting or at another suitable occasion.

2. Qualifications

The nominee must be a graduate of the Physician Assistant Program or the Physician Assistant Postgraduate Degree Program. Previous nominees will remain eligible for three years.

3. Selection Criteria

- a. Number of years of service to the profession
- b. Number of years of service with a professional state or national organization as an elected officer, board member, and/or committee chair.
- c. Community service involvement
- d. Outstanding deeds or acts

4. Eligibility to Nominate Award Recipients

Those eligible to nominate a person to receive this award shall include anyone.

5. Selection Committee

The committee will consist of the Directors of the Master of Physician Assistant Studies and Postgraduate Degree Programs, Director of Alumni and Parent Relations, a tenured representative of the Physician Assistant Faculty, a staff person from the Physician Assistant Department and two physician assistant alumni. Final approval of the nominee will be obtained from the Advancement Committee of the Board of Trustees.



HU C. and AVANELLE MYERS AWARD NOMINATION FORM

Nominee _____ A-B Graduation Year _____

Degree received from A-B: _____ Undergraduate (BS or MPAS) _____ Master's of Science

Address _____

Phone Number _____ E-Mail Address _____

Length of Professional Service _____

Professional Service _____

Current Employer _____

Employment History _____

Spouse Name _____ A-B Graduation Year _____

Names and Ages of Children _____

In 250 words or less, nominator should explain why he/she feels this person should receive the Hu C. and Avanelle Myers Award. Consider such information as human service activities, community services, professional affiliations, and involvement, etc. This information needs to include relevant information to the committee to facilitate selection of the award recipient.
(Please submit a typed explanation and attach a copy to this form)

Name of Person Submitting Nomination _____

A-B Graduation Year (if applicable) _____ Relationship to
Nominee _____

Address _____

Phone Number _____ E-Mail Address _____

Award nominations should be submitted for consideration by **October 1, 2005.**

Nominations should be sent to:

Alumni Relations Office, Alderson-Broaddus College, P.O. Box 2154, Philippi, WV 26416