



## Outstanding Humanitarian Service Award

### Purpose

To recognize Academy members' participation in charitable activities, indigent care, community service and other humanitarian activities through a program of public service awards to be given by state ophthalmological societies and by the American Academy of Ophthalmology. Individuals must perform this public service in their capacity as an ophthalmologist.

### Qualifications and Criteria

The nominee must be a Fellow or Member in good standing of the American Academy of Ophthalmology who has demonstrated a pattern of humanitarian service in the United States or abroad over a period of at least several years. Qualifying service might include, but is not limited to:

- Free care to the indigent
- Service in inner city, rural or international locations with disadvantaged persons
- Care for underprivileged individuals of specific racial or ethnic background
- Care in settings of high risk to the ophthalmologist

The service must have been above and beyond the usual service commitment required by a sponsoring organization, or expected by virtue of the type of service involved, should have entailed personal sacrifice on the part of the ophthalmologist, must have been consonant with the principles of the Code of Ethics of the American Academy of Ophthalmology, and length of service must be sustained. Only one such award may be given to an individual during his or her lifetime.

State, subspecialty and specialized interest society leaders are solicited on an annual basis to consider submitting a nominee(s) for the award. International societies are also eligible to submit a nomination.

### Selection of Recipients

The Academy's Awards Committee will consider only those nominations that meet the qualifications criteria described above. In reviewing each nomination, the Awards Committee will verify references of the nominee, and if necessary, gather additional information in making their determination.

Selection of recipients will be determined on the basis of factors including, but not limited to: intensity of service, continuity of service, length of service, need for the service, personal sacrifice of the ophthalmologist, and the recommendations of the nominating organization and/or individuals identified in the nomination form, or others whom the committee may consult. A maximum of **two** recipients will be selected annually.

### Nomination Procedures

Each nominating body must complete an Outstanding Humanitarian Service Award Nomination Form per nominee. Describe in detail the nature of the public service, the sustainability of service, the length and consistency of service, the scope of impact, and references who may be contacted. **At least three letters of recommendation must be included with the nomination form. Fill out the PDF form in its entirety. Handwritten nomination forms will not be accepted.** For questions, contact Member Services by phone at (415) 561-8581, fax (415) 561-8575, or e-mail [member\\_services@aaao.org](mailto:member_services@aaao.org).

# OUTSTANDING HUMANITARIAN SERVICE AWARD NOMINATION FORM

The deadline to receive nominations is ***March 13, 2020***. The Awards Committee will submit its recommendations of the award recipient for final approval by the Academy's Board of Trustees. The award recipient will be honored at the Opening Session during AAO 2020, the Academy's annual meeting in Las Vegas.

## Society or Nominating Body Information

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Society Name or Nominating Body

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Main Contact Person

Title

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Address

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City

State

Postal Code

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Telephone

Fax

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Email

## Nominee Contact Information

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Name of Nominee

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Address

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City

State

Postal Code

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Telephone

Fax

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Email

## OUTSTANDING HUMANITARIAN SERVICE AWARD NOMINATION FORM

### Description of Humanitarian Service

Describe in detail the nature of the public humanitarian service provided by the nominee – particularly any unusually creative or sacrificial ways s/he helped these patients. How did s/he go above and beyond to protect sight and empower lives? Include the need for this service, along with its sustainability, length and consistency, and the scope of impact.

# OUTSTANDING HUMANITARIAN SERVICE AWARD NOMINATION FORM

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References

Provide three names and contact information to verify humanitarian service. Provide more references as needed.

Name

Address

City State Postal Code

Telephone Email

Name

Address

City State Postal Code

Telephone Email

Name

Address

City State Postal Code

Telephone Email

## OUTSTANDING HUMANITARIAN SERVICE AWARD NOMINATION FORM

Please include any supplementary materials (maximum five pages) you would like the Awards Committee to review concerning this nomination.

Return the completed nomination form by **March 13, 2020** to:

American Academy of Ophthalmology  
c/o Lauren Ioka/Member Services  
655 Beach St.  
San Francisco, CA 94109

### Additional Contact Information

Toll Free: +1.866.561.8558

Phone: +1.415.561.8581

Fax: +1.415.561.8575

Email: [lioka@aao.org](mailto:lioka@aao.org)