**ARTEMIS AWARD OVERVIEW**

**Purpose**  
To recognize a Young Ophthalmologist (YO) Academy member who has demonstrated caring and service of an exemplary degree to his or her patients.

The Greek Goddess Artemis was the protector and nurturer of the vulnerable and suffering and the Artemis Award is intended to acknowledge behavior above and beyond what is required or expected and to recognize and encourage such service among our “future generation” of ophthalmologists.

**Qualifications and Criteria**

The nominee must be a YO member and in good standing with the American Academy of Ophthalmology. The Academy defines a “YO” as:

Member in Training (a resident or undergoing fellowship training) ***or***

Within his or her first five years of practice

The nominee will have demonstrated caring and service of an exemplary degree to patients or to the public in general in the US or abroad. Qualifying service might include, but is not limited to:

*  Outreach to a population in particular need
*  Focused efforts to address health care disparities
*  Initiation of educational programs geared towards patients
* Community-based programs which emphasize compassion and quality care

The service must have been above and beyond the usual service commitment or expected by virtue of the type of service involved.

The service must have been consonant with the principles of the Code of Ethics of the American Academy of Ophthalmology.  
 **Selection of Recipients**

The Academy’s Senior Ophthalmologist (SO) Committee will consider nominations that meet the qualifications and criteria above and that are received by the deadline. Selection of the award recipient will be determined based on factors including, but not limited to, innovation; infrastructure strength; sustainability, impact/scale, and the recommendations of the nominating body.

The SO Committee’s recommendation of the award recipient will be approved by the Academy’s Awards Committee and the Board of Trustees. The recipient will be honored at a designated session in conjunction with the Academy’s annual meeting.

**Nomination Procedures and Submission Process**

Nominations are solicited from: State, subspecialty and specialized interest societies represented on the Academy’s Council, supranational societies and Ophthalmology Department Chairs and Program Directors.

**Each nominating body must complete the following items -**

* Artemis Award Nomination Form per nominee
* Nominee’s Curriculum Vitae
* Summary in 500 words or less the nature of the service, the sustainability of service, the length and consistency of service and the scope of impact.
* No more than three letters of recommendation may be included **but are not required**.

You may go to <https://www.aao.org/about/awards/artemis> and download Word or PDF versions of the nomination form. Handwritten nomination forms will not be accepted.  
  
The deadline to receive the 2023 Artemis Award nomination form is **March 1, 2023.   
  
Please submit the nomination form and all additional materials via email to:**   
Senior Ophthalmologist Committee  
c/o Ms. Neeshah Azam – [nazam@aao.org](mailto:nazam@aao.org)

American Academy of Ophthalmology

**Questions?**E-mail: Senior Ophthalmologist Committee Coordinator, Ms. Neeshah Azam – [nazam@aao.org](mailto:nazam@aao.org)

Phone: (415) 447-0247

**2023 Artemis Award Nomination Form (Page 1 of 2)  
  
Nominee Information**

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State/Province:

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: E-mail:

Academy Member (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominating Body Information**

Nominating Body:

Contact person:

Address:

City: State/Province:

Postal Code: Country:

Telephone: E-mail:

**Description of Service:**Please describe in 500 words or less the nature of the service provided by the nominee.

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**Description of Service:**