



Today's Date

Biographies of Local Legends already nominated can be viewed on www.nlm.nih.gov/locallegends

LOCAL LEGENDS CONGRESSIONAL NOMINATION FORM

- For Use by Congressional Staff and Members of Congress only -

Please enter all of the required(*) information in the form fields below. You may **PRINT a completed form and FAX it to NLM at (301) 496-4450**; or you can submit the data electronically via e-mail by clicking the **SUBMIT by Email** button at the end of the form. Your nomination data will automatically be addressed to and will be received by NLM. Please provide any additional nominee biographical information by attaching files to the e-mail that is generated after you click the **Submit by Email button** at the end of Page 2 of this form.

STEP 1.: Please fill in NOMINATOR information

Congressional Nominator Information

Nominator Name*

Fill in the first and last name and initial of the nominating member of congress

Represented State or US Territory*

Specify the State or Territory represented

Web Site URL

Congressional Staff Contact Information

Last Name*

First Name*

Initial

Email

Phone*

STEP 2.: Please fill in NOMINEE information

Please note the following nominee criteria: A nominee must be

- (1) a woman physician (MD or DO) either working or having worked in the United States
- (2) from the state, district, or territory represented by the nominating Member of Congress
- (3) demonstrated commitment, originality, innovation, or creativity in her field of medicine
- (4) involved in one of the following for recognition: Patient Care, Public Health and/or Health Policy, Research, Education, Military.

Last Name of Nominee*

First Name*

Initial

Select a Nominee Recognition Area*



STEP 2. continued: Please provide nominee CONTACT information

Address*	<input type="text"/>		
City*	<input type="text"/>		
State or Territory*	<input type="text"/>	Zip Code*	<input type="text"/>
E-mail	<input type="text"/>	Phone Number	<input type="text"/>

Step 3.: Write or Paste/Copy Letter of Recommendation and Photo

Insert
Recommendation
Letter
Text

Please **CREATE** or **COPY& PASTE** your nomination text in the box above.

Or, if you wish to send us your Nomination letter as an **ATTACHMENT** you will have an opportunity to do so when you click submit this form via e-mail button at the end of this form.

Please **INSERT a picture** into the image field. **Click inside the rectangle and COPY/PASTE** or specify a filename.

Alternatively, you can also **ATTACH** an image file when you click the **Submit by Email** button, select the first option and regularly attach the picture file.

Image Field

