**Nomination Form**

**STFM Representative to The Center for the History of Family Medicine Board of Curators**

Date:

Name:

Degree(s):

Institution:

City and State:

Primary role:

Email:

Phone:

**Please share a current biosketch along with a description of your interest in the history of family medicine related to: *(2 page maximum)***

* Specific projects (books, articles, community activities)
* Honors related to historical activities
* General interest in preserving the history of the family medicine specialty

**To request consideration for the STFM Representative position, please send your packet of materials by July 6, 2020 to Sandy Van Tuyl,** [svantuyl@stfm.org](mailto:svantuyl@stfm.org)**, (913) 800-5528.**