



IOWA ACADEMY OF  
FAMILY PHYSICIANS  

---

F O U N D A T I O N

## Don Tesdall Family Practice Award Application

Name:	
E-mail Address:	
Mailing Address:	
Year in Medical School:	<input type="checkbox"/> Second <input type="checkbox"/> Third
Active Member of University of Iowa FMIG	<input type="checkbox"/> Please Check if you are an active FMIG member
Where you are from in Iowa:	

**Application Checklist:**

- 500 Word Essay
  
- Curriculum Vitae
  
- 2 Letters of Recommendation