



132 Westpark Blvd.  
Columbia, SC 29210  
1-800-327-1021  
803-772-6783 Fax  
scmedical.org

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## Memorandum

**To:** SC County Medical Societies

**From:** South Carolina Medical Association

**Subject:** Call for Nominations

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On behalf of the South Carolina Medical Association, we would like to announce that we are currently seeking nominations from South Carolina County Medical Societies for four distinguished awards to be presented at the 2026 SCMA Annual Meeting in Charleston, South Carolina from April 24-25, 2026. The success and longevity of these awards depend on your nominations.

The four awards we are currently seeking nominations for from your society include:

**1. The Physician of the Year Award**

*This award is presented to a physician who generates community spirit and vivaciousness appreciated by his/her neighbors, patients, and colleagues.*

**2. Service to the Community Award for a County Medical Society**

*This award is given to a county medical society for its service to the community and efforts to promote health for South Carolinians through a society project, initiative or support.*

**3. Healthy Children in Our Communities Award**

*This award is given to a county medical society who has promoted a healthy living project to promote youth ages 11 to 18 with a notable physician champion that has encouraged the value of healthy choices.*

**4. Rising Star Award**

*This award is presented to a dynamic physician under 40 who is making a significant impact in their community and inspires others with their dedication, passion, and expertise.*

We look forward to receiving your nomination. If you have any questions or need assistance, please contact Rebecca Brannon at the SCMA at (803) 798-6207, ext. 412 or by email at [rbrannon@scmedical.org](mailto:rbrannon@scmedical.org).

**Nominations should be received no later than  
Monday, March 2, 2026.**



## PHYSICIAN OF THE YEAR AWARD FOR COMMUNITY SERVICE NOMINATION FORM

*Please Print.*

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

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
*City* *State* *Zip*

**Office Address:** \_\_\_\_\_

\_\_\_\_\_  
*City* *State* *Zip*

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

*Please attach a current Curriculum Vitae (CV) and any additional information regarding why the physician was chosen.*

**Name of County Medical Society Submitting Nomination:** \_\_\_\_\_

**Name and Position of Person Submitting Nomination:** \_\_\_\_\_

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

\_\_\_\_\_  
*City* *State* *Zip*

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Return nomination form and supporting documents by March 2, 2026 to:**

**Rebecca Brannon**  
[Rbrannon@scmedical.org](mailto:Rbrannon@scmedical.org)



## SERVICE TO THE COMMUNITY AWARD FOR A COUNTY MEDICAL SOCIETY NOMINATION FORM

*Please print.*

Name of County Society: \_\_\_\_\_

Name of Representative Submitting Nomination: \_\_\_\_\_

Position with Society: \_\_\_\_\_

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

Name of Project: \_\_\_\_\_

Date Established: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

Description / Use of Project: \_\_\_\_\_

Perceived Benefits to Community: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

**Return nomination form and supporting documents by March 2, 2026 to:**

**Rebecca Brannon**  
**[Rbrannon@scmedical.org](mailto:Rbrannon@scmedical.org)**



## HEALTHY CHILDREN IN OUR COMMUNITIES

### NOMINATION FORM

*Please print.*

Name of County Society: \_\_\_\_\_

Name of Representative Submitting Nomination: \_\_\_\_\_

Position with Society: \_\_\_\_\_

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

Name of Project: \_\_\_\_\_

Date Established: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

\_\_\_\_\_

Description / Use of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Perceived Benefits to Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

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**[Rbrannon@scmedical.org](mailto:Rbrannon@scmedical.org)**



## RISING STAR AWARD

### NOMINATION FORM

*Please Print.*

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

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
*City* *State* *Zip*

**Office Address:** \_\_\_\_\_

\_\_\_\_\_  
*City* *State* *Zip*

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

*Please attach a current Curriculum Vitae (CV) and any additional information regarding why the physician was chosen.*

**Name of County Medical Society Submitting Nomination:** \_\_\_\_\_

**Name and Position of Person Submitting Nomination:** \_\_\_\_\_

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

\_\_\_\_\_  
*City* *State* *Zip*

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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