



**Metro Area Mayors' Committee
For People With Disabilities**
Serving Dilworth, Fargo, Moorhead and West Fargo
www.fmareamayorscommittee.org

HEALTH CARE PROFESSIONAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

All nominations must be post marked on or before Friday, April 13th.

The Health Care Professional of the Year is given to a licensed, certified, and registered and/or health professional that has made extraordinary contributions to the rehabilitation and employment of people with disabilities. In the space below write a narrative describing what the individual has done to make life easier for people with disabilities to become employed. **After completing this form mail it to MAMC PO Box 162 Fargo, ND 58107 or email it to tgdesautel@nd.gov.**