



**Ohio Osteopathic Association**  
**George L. Eckert, Jr., DO, Mentor of the Year Award**

**What:** The Ohio Osteopathic Association's George L. Eckert, Jr., DO, Mentor of the Year Award honors an **Ohio** physician who exemplifies a compassionate commitment to developing the next generation of osteopathic physicians and whose contributions and strong leadership serve as examples for all to emulate. This award celebrates an individual who has demonstrated consistent outreach to medical students, residents, and fellows, offering guidance and fostering leadership development.

**When:** The Ohio Osteopathic Association's George L. Eckert, Jr., DO, Mentor of the Year Award will be presented at the Ohio Osteopathic Symposium each spring. The winner will be recognized during the OOA Awards Reception.

**Process:** Nominations for Mentor of the Year are accepted annually by March 1<sup>st</sup> of each year. Any student, resident or fellow may submit a nomination. Criteria for award are:

- ✓ Serves as a role model of professionalism by modeling appropriate behavior and positive professional standards
- ✓ Encourages trainee involvement in professional opportunities (service projects, research opportunities, membership in professional organizations, etc.) and enables trainee attendance at professional meetings
- ✓ Provides exemplary academic and professional assistance and is readily available for discussion and meetings
- ✓ Serves as an adjunct faculty member at an institution of higher learning (OU-HCOM, etc.)

**Paperwork:** Nomination form of mentor award candidate

**Submit to:** Ohio Osteopathic Association  
53 W 3rd Ave, PO Box 8130  
Columbus, OH 43201  
(614) 299-2107  
(614) 294-0457 – fax



OHIO  
OSTEOPATHIC  
ASSOCIATION

**Ohio Osteopathic Association  
George L. Eckert, Jr., DO, Mentor of the Year Award**

**NOMINATION FORM**

**I would like to nominate:**

**Physician's Name:**

**Adjunct Faculty Appointments:**

**Practice Name:**

**Email:**

**Practice Address:**

**City/ST/Zip:**

**Phone:**

**Fax:**

**Specialty:**

**Hospital Affiliation:**

**Please answer the following questions:**

**1. What has this mentor done that distinguishes him/her from other mentors in helping to develop your medical skills and ability to interact with patients?**

**2. How does this mentor inspire professionalism and teamwork in his/her practice?**

**3. How has this mentor served as an advocate and leader in the medical community, and, specifically contributed to the practice of osteopathic medicine, if he/she is an osteopathic physician?**

4. How has this mentor inspired you personally as your advisor and a role model?

5. Share one or two favorite mentor story that illustrate why this mentor goes the extra mile.

**Nomination Submitted by:**

**Name:**

**Level of Training:**

**Mailing address:**

**Email address:**

**Hospital Training Site:**

**Medical School Attending/Attended:**

**DME/Program Director or CORE Assistant Dean:**

**Residency/Fellowship Specialty:**

**Please submit nomination by March 1.**

Ohio Osteopathic Association  
53 W 3rd Ave, PO Box 8130  
Columbus, OH 43201  
(614) 299-2107 – phone  
(614) 294-0457 – fax