



**PALMER**  
College of Chiropractic

*The Trusted Leader in Chiropractic Education*<sup>®</sup>

2023

Palmer Academy of Chiropractic  
**Fellows Nomination**

Office of Advancement

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

# 2023 Palmer Academy of Chiropractic

## FELLOW NOMINATION

In the words of Virgil Strang, D.C., “Fellows should have an enduring passion for chiropractic and Palmer College that is backed by actions. Actions are contributions that are tangible, meaningful and lifelong to the profession and to the College.” Candidates for induction into the Academy must have exhibited outstanding service to and philanthropic support of Palmer College of Chiropractic, including recruitment of students to attend the College, in addition to leadership in the chiropractic profession. Fellows are not required to be a Doctor of Chiropractic or a graduate of Palmer College.

*Nominations are due to the Advancement Office **no later than March 31, 2023.***

## Nominator Information and Affirmation

As a Palmer Academy of Chiropractic Fellow and/or approved nominator, I am pleased to submit for consideration this nomination for induction to the Academy. I affirm the information in this nomination is correct to the best of my knowledge and agree to hold this nomination as confidential. In respect of the selectivity of the Academy, **I will not disclose to the individual named below that I am presenting them as a nominee.** I understand that I may submit only one nomination in any year, and that all decisions of the Fellows Selection Advisory Committee are final.

Name of Nominator: \_\_\_\_\_ Fellow      Y      N

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

## Nominee Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete the following sections and return the entire nomination to:**

Office of Advancement  
1000 Brady Street  
Davenport, IA 52803

As part of your nomination you may include additional documentation such as magazine articles, curriculum vitae, photos, and additional letters of support. All material is due by **Friday, March 31, 2023** and will not be returned. If you need assistance in completing one or more sections of the nomination form, or if you have any questions, please contact Kyla Lane in the Advancement Office at 563-884-5739, or at [kyla.lane@palmer.edu](mailto:kyla.lane@palmer.edu).

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

### **LEADERSHIP AND SERVICE**

The values of the Palmer College of Chiropractic community reflect the Science, Art and Philosophy of chiropractic. Please refer to the Mission, Vision and Values statement available at [www.palmer.edu](http://www.palmer.edu). How does the nominee demonstrate these values and show achievement in educational, clinical, research and/or administrative/faculty/staff performance? How has the nominee demonstrated service to both the College and the chiropractic profession?

### **PHILANTHROPY**

Has the nominee demonstrated philanthropic support of Palmer College of Chiropractic through annual giving, endowment support, student scholarship support, estate gift intentions, or by serving as a fundraising volunteer?

### **STUDENT RECRUITMENT**

Describe the nominee's efforts to recruit students to the College, including hosting and/or participating in prospective student events, identifying prospective students, serving as a local high school or college recruitment liaison, etc.:

### **ADDITIONAL QUALIFICATIONS**

Please include additional information relevant to the nomination: