

Dr. Kathleen Galbraith Legacy Leadership Award

For many years, Dr. Kathleen Galbraith, a family physician in Portland, served as a member of ISMA's FamilyViolence Committee. Before her untimely death, she often spoke to doctors around the state about screening patients for abuse and the importance of referring them to local programs. In her community, Dr. Galbraith, or "Dr. G" as she was known, could be heard on the airwaves of the local radio station each Sunday night taking calls from teenagers about endangerment and violence.

In 2007, the ISMA established the annual Dr. Kathleen Galbraith Legacy Leadership Award as a tribute to her and the contributions she made to the health and well-being of all Hoosiers. This award honors those who share the same passion as Dr. Galbraith to increase awareness of domestic violence in Indiana.



Kathleen Galbraith, M.D.
1955-2006

Deadline for Submission: June 18, 2018

Nomination Criteria

1. Nominee can be a legislator, physician or layperson.
2. Nominee must be living.
3. Nominee may not have received this award previously.
4. Nomination must include documentation, including a letter acknowledging the nominee's qualifications and significant contributions to promote the health and safety of the younger members in the community by addressing issues of endangerment and/or violence. These efforts should have been provided without compensation.
5. Nominations can be submitted only by an ISMA committee, commission or member in good standing.

Nomination Process

All nominations will be selected by a committee designated by the current ISMA president. The award will be presented annually during the ISMA's House of Delegates in September.

Please submit information to:

Indiana State Medical Association
Attn: Rhonda Bennett
322 Canal Walk
Indianapolis, IN 46202



For questions, please call Rhonda Bennett at the ISMA at (800) 257-4762 or (317) 261-2060.

Nomination Form

Please provide the following:

1. A current biography of the nominee.
2. A letter providing reasons why you believe the nominee deserves the award.
3. Any supporting documentation highlighting nominee's accomplishments.

Nominee: _____

Nominee's Address: _____

Phone: _____

Your Name: _____

Your Address: _____

Your Phone: _____