

Texas VFW Medical Hero



Name: _____

Title: _____

Post #: _____ District: # _____

Email: _____

Nominee's Name: _____

Title: _____

Hospital or Clinic Address:



Purpose: The Texas VFW Medical Hero State Commander Certificate of Recognition is presented to a physician or nurse who has exemplified themselves in a professional and positive manner to achieve a common goal of excellence in patient care.

Eligibility: Any physician or registered nurse with privileges at your local Clinic or Hospital for a minimum of one year.

Award Presentation: The recipient will be presented Certificate of Recognition at your local VFW Post by the Post or District Commander VFW Post.

VFW DEPARTMENT OF TEXAS

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