***Departmental Awards Nomination Form***

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| --- | --- |
| Award Name:  |  |
| Award Category (i.e. Fully affiliated, HPEs Community Affiliated)  |  |
| Award Nominee:  |  |
| Nominee’s Business Address:  |  |
| Nominee’s E-mail:  |  |
| Nominator’s Name:  |  |
| Signature of Chief, Program Director or Supervisor:  |  |

**NOMINATION DETAILS**

* Nominations can be made by any faculty or staff member of the DFCM, including self-nomination.
* The nominations will be considered by the DFCM Central Awards Committee.
* The nominator is responsible for the collection and submission of the award nomination package and informing the nominee of their nomination.

**SUBMISSION INSRUCTIONS**

Nominations by email to dfcm.awards@utoronto.ca

**Please submit the completed nomination form and corresponding award application documentation in a single PDF file by February 15, 2018 to:**

DFCM Central Awards Committee

c/o: Laura Surdianu, Faculty Development

Department of Family and Community Medicine, Faculty of Medicine,

University of Toronto, 500 University Avenue, 5th Floor

Toronto, Ontario M5G 1V7

TEL: 416-978-7565