| **Faculty Development Program**  **Award Nomination Form** | | | |
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| **Award Category** (please check one box) | | | |
| Elana Fric Family Medicine Award for Leadership and Advocacy | | |  |
| Jamie Meuser Award for Excellence in Leadership and Innovation in Faculty Development | | |  |
| Excellence in Faculty Development | | |
| Excellence in Continuing Education | | |
| Excellence in Scholarship in Faculty Development | | |
| New Leadership in Faculty Development | | |
| Learner: Contributor to Faculty Development | | |
| Community-based Contributor to Faculty Development | | |
| Mentorship | | |
| **Information about the candidate (the nominee)** | | | |
| **Group Title if this is a group nomination (required**): Click here to enter text.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title | Full Name | Academic Rank | E-mail Address | Program/Site | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | | |
| **Information about you (the nominator)** | | | |
| Title: Click here to enter text. | Given Name: Click here to enter text. | Family Name: Click here to enter text. | |
| Email: Click here to enter text. | | Site: Click here to enter text. | |
| **Description of the Nominee’s Contributions** (250 words or less)  Please refer to the awards criteria in your statement | | | | |
| Click here to enter text. | | | | |

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| **Nomination Process** |
| 1. Inform your nominee that you wish to nominate them for an award. 2. Complete the nomination form. 3. **Nomination deadline: February 15th.** 4. Please note that the Awards Committee may present more than one award in a given category, or may move a deserving candidate between award categories. 5. The Awards Committee will review the nominations and communicate their decision to both the nominator and nominee after the nomination deadline. 6. The awards will be presented annually at the DFCM Faculty Celebration Event. |
| **Description of the project or award winner that will be included as a quote at the annual DFCM Faculty Celebration Event (maximum 75 words):** |
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| **Please submit the completed award nomination form by February 15th to:** |
| [**pd.familymed@utoronto.ca**](mailto:pd.familymed@utoronto.ca) |
| **Thank you for your nomination.** |