

Faculty of Medicine Awards of Excellence Department Chair Endorsement Form

(Please review and complete the form below, to be attached with the rest of the nomination documents prior to submission)

Nominee Information

Name: _____
Department: _____
Email: _____ **Phone:** _____
Department Chair: _____

Nominator Information

Name: _____
Department: _____
Email: _____ **Phone:** _____

Awards of Excellence categories

Identify the Award for which the nominee is being put forth:

- Researcher of the Year – Clinical
- Researcher of the Year – Biomedical
- Researcher of the Year – Public Health and Epidemiology
- Researcher of the Year – Innovation and Education
- Early Career Researcher of the Year – Clinical
- Early Career Researcher of the Year – Biomedical
- Early Career Researcher of the Year – Public Health and Epidemiology
- Early Career Researcher of the Year – Innovation and Public Health

Endorsement

Nominee: _____ Date: _____

Nominator: _____ Date: _____

Dept. Chair: _____ Date: _____