**2015 Clinical Faculty Award for Excellence in Community Practice Teaching**

**Nomination Form**

# Nominee

**Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Academic Rank**

**Department/School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MD UG Program (VFMP, IMP, NMP, SMP) or, for other Professional Programs, Health Authority (VCHA, VIHA, NHA, IHA)**

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# Nominators

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| --- | --- | --- | --- |
| Nominators (2) | Dept/School | Academic Rank or  Student/Resident | E-mail Address |
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|  |  |  |  |

In addition to this Nomination Form, the nominators must include:

1. A nomination letter signed by the two (2) nominators explaining how the nominee meets the Clinical Faculty Award for Excellence in Community Practice Teaching criteria and why the nominee should be chosen to receive this award.
2. A citation that summarizes the nominee’s excellence in teaching and educational impact in a local community (maximum 100 words) in language suitable for publication in Word format.
3. Up to four letters of support from a Department/School/Division Head, course or program director, colleague, student or resident who are in a position to assess the nominee’s impact on students and/or residents and the community.
4. A summary of the nominee’s student and/or peer evaluations during the past 5 years (maximum 2 pages).

Please send the completed nomination package electronically to Patricia Lou in the Dean’s Office:

[plou@medd.med.ubc.ca](mailto:plou@medd.med.ubc.ca). The citation should be provided in Word format. All other documents should be scanned.